

MADERA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----	
13,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	10,139	682,442	\$ 4,449,003.65	\$ 6.52	50.815	\$ 438.80	\$ 331.27	
@PHYSICIANS SERVICES	2,126	6,279	\$ 94,069.39	\$ 14.98	.468	\$ 44.25	\$ 7.00	
OUTPATIENT VISITS	23	27	992.69	36.77	.002	43.16	.07	
OFFICE VISITS	19	23	766.79	33.34	.002	40.36	.06	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4	4	225.90	56.48	.000	56.48	.02	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	3	12	600.62	50.05	.001	200.21	.04	
HOSPITAL VISITS	3	12	600.62	50.05	.001	200.21	.04	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	64	63	1,010.67	16.04	.005	15.79	.08	
EXAMINATIONS	64	63	1,010.67	16.04	.005	15.79	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	6	19	1,766.37	92.97	.001	294.40	.13	
PRINCIPAL SURGEON	4	4	1,377.88	344.47	.000	344.47	.10	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	15	388.49	25.90	.001	129.50	.03	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	6	23	175.07	7.61	.002	29.18	.01	
RADIOLOGY	12	14	359.57	25.68	.001	29.96	.03	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	41	522.38	12.74	.003	261.19	.04	
OTHER SERVICES/ALL X-OVERS	2,047	6,080	88,642.02	14.58	.453	43.30	6.60	
@PHARMACY	8,654	439,377	\$ 2,807,105.44	\$ 6.39	32.716	\$ 324.37	\$ 209.02	
PRESCRIPTION DRUGS	8,444	33,446	2,681,646.55	80.18	2.490	317.58	199.68	
SNF/ICF	181	1,160	66,538.89	57.36	.086	367.62	4.95	
OUTPATIENTS	8,283	32,286	2,615,107.66	81.00	2.404	315.72	194.72	
MEDICAL SUPPLIES	1,521	405,931	125,458.89	.31	30.226	82.48	9.34	
@DENTIST	606	2,743	\$ 109,621.42	\$ 39.96	.204	\$ 180.89	\$ 8.16	
VISITS - DIAGNOSTIC	376	1,707	16,065.50	9.41	.127	42.73	1.20	
ORAL SURGERY	122	255	14,221.00	55.77	.019	116.57	1.06	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	84	88	8,256.00	93.82	.007	98.29	.61	
ENDODONTICS	30	51	10,189.00	199.78	.004	339.63	.76	
RESTORATIVE DENTISTRY	115	247	18,065.00	73.14	.018	157.09	1.35	
PROSTHETICS	8	8	170.00	21.25	.001	21.25	.01	
DENTURES, STAYPLATES	146	381	42,654.92	111.96	.028	292.16	3.18	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	9	6	.00	.00	.000	.00	.00	

MADERA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		-----	
13,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	203	480	\$	9,473.23	\$ 19.74	.036	\$ 46.67	\$	.71	
DIAGNOSTIC AND ANC. PROCED	50	55		1,738.57	31.61	.004	34.77		.13	
EYE APPLIANCES	126	338		5,914.75	17.50	.025	46.94		.44	
OTHER OPTOMETRIC SERVICES	61	87		1,819.91	20.92	.006	29.83		.14	
@CHIROPRACTOR	20	33	\$	473.30	\$ 14.34	.002	\$ 23.67	\$	.04	
VISITS	3	7		117.04	16.72	.001	39.01		.01	
OTHER SERVICES	17	26		356.26	13.70	.002	20.96		.03	
@PODIATRIST	121	167	\$	1,450.32	\$ 8.68	.012	\$ 11.99	\$	.11	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00	
OTHER	121	167		1,450.32	8.68	.012	11.99		.11	
@HOME HEALTH AGENCY	3	11	\$	644.45	\$ 58.59	.001	\$ 214.82	\$	.05	
NURSE ANESTHESIST	7	14	\$	107.47	\$ 7.68	.001	\$ 15.35	\$	.01	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
@TOTAL HOSPITAL	795	2,826	\$	487,332.20	\$ 172.45	.210	\$ 613.00	\$	36.29	
HOSP INPATIENT TOTAL	139	299		416,236.81	1392.10	.022	2994.51		30.99	
HSC HOSPITALS	20	154		147,351.33	956.83	.011	7367.57		10.97	
NON-HSC HOSPITAL TOTAL	24	145		187,439.53	1292.69	.011	7809.98		13.96	
ACCOMMODATIONS	24	145		55,022.64	379.47	.011	2292.61		4.10	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	24	145		55,022.64	379.47	.011	2292.61		4.10	
ANCILLARIES	24	0		132,416.89	.00	.000	5517.37		9.86	
INPATIENT CROSSOVERS	96	0		81,445.95	.00	.000	848.40		6.06	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	688	2,527		71,095.39	28.13	.188	103.34		5.29	
MEDICAL	2	1		30.52	30.52	.000	15.26		.00	
SURGERY	2	3		422.25	140.75	.000	211.13		.03	
PATHOLOGY	5	20		197.55	9.88	.001	39.51		.01	
RADIOLOGY	7	9		513.94	57.10	.001	73.42		.04	
ROOM USE	4	3		121.82	40.61	.000	30.46		.01	
CROSSOVERS/ALL OTH OUTPTNT	681	2,491		69,809.31	28.02	.185	102.51		5.20	
@COUNTY HOSPITAL TOTAL	13	51	\$	6,660.49	\$ 130.60	.004	\$ 512.35	\$	.50	
CO HOSPITAL INPATIENT TOTAL	2	5		5,690.80	1138.16	.000	2845.40		.42	
HSC HOSPITALS	1	5		5,109.94	1021.99	.000	5109.94		.38	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	1	0		580.86	.00	.000	580.86		.04	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	12	46		969.69	21.08	.003	80.81		.07	
MEDICAL	1	0		.00	.00	.000	.00		.00	
SURGERY	0	0		.00	.00	.000	.00		.00	
PATHOLOGY	1	0		.00	.00	.000	.00		.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	969.69	21.08	.003	88.15	.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,083

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

13,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	784	2,775	\$ 480,671.71	\$ 173.22	.207	\$ 613.10	\$ 35.79
COMM HOSP INPATIENT TOTAL	137	294	410,546.01	1396.42	.022	2996.69	30.57
HSC HOSPITALS	19	149	142,241.39	954.64	.011	7486.39	10.59
NON-HSC HOSPITALS TOTAL	24	145	187,439.53	1292.69	.011	7809.98	13.96
ACCOMMODATIONS	24	145	55,022.64	379.47	.011	2292.61	4.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	145	55,022.64	379.47	.011	2292.61	4.10
ANCILLARIES	24	0	132,416.89	.00	.000	5517.37	9.86
INPATIENT CROSSOVERS	95	0	80,865.09	.00	.000	851.21	6.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	678	2,481	70,125.70	28.27	.185	103.43	5.22
MEDICAL	1	1	30.52	30.52	.000	30.52	.00
SURGERY	2	3	422.25	140.75	.000	211.13	.03
PATHOLOGY	4	20	197.55	9.88	.001	49.39	.01
RADIOLOGY	7	9	513.94	57.10	.001	73.42	.04
ROOM USE	3	3	121.82	40.61	.000	40.61	.01
CROSSOVERS/ALL OTH OUTPTNT	672	2,445	68,839.62	28.16	.182	102.44	5.13
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	195	4,200	\$ 627,754.43	\$ 149.47	.313	\$ 3219.25	\$ 46.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	195	4,200	627,754.43	149.47	.313	3219.25	46.74
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	63	77	\$ 22,967.69	\$ 298.28	.006	\$ 364.57	\$ 1.71
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	63	77	22,967.69	298.28	.006	364.57	1.71
@REHABILITATION FACILITY	1	1	\$ 31.07	\$ 31.07	.000	\$ 31.07	\$.00
HOSPITAL BASED	1	1	31.07	31.07	.000	31.07	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	69	\$ 649.93	\$ 9.42	.005	\$ 27.08	\$.05
PATHOLOGY	19	63	552.70	8.77	.005	29.09	.04
XO AND OTHERS	5	6	97.23	16.21	.000	19.45	.01
@ORGANIZED OUTPATIENT CLINIC	1,674	2,548	\$ 110,260.24	\$ 43.27	.190	\$ 65.87	\$ 8.21
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	23	25	2,221.71	88.87	.002	96.60	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,653	2,523	108,038.53	42.82	.188	65.36	8.04

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13,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,481	223,617	\$ 177,063.07	\$.79	16.651	\$ 119.56	\$ 13.18
DURABLE MED. EQUIP.	17	29	9,332.01	321.79	.002	548.94	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	54	14,744.43	273.05	.004	398.50	1.10
MEDICAL TRANSPORTATION	110	11,192	38,892.72	3.48	.833	353.57	2.90
AMBULANCES/AIR TRANS	33	523	5,866.62	11.22	.039	177.78	.44
OTHER TRANS	75	10,437	32,745.01	3.14	.777	436.60	2.44
OTHER SERVICES	13	232	281.09	1.21	.017	21.62	.02
ACUPUNCTURE	1	6	108.13	18.02	.000	108.13	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	99	409	35,567.73	86.96	.030	359.27	2.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	282	650	7,821.58	12.03	.048	27.74	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	9	9.97	1.11	.001	1.42	.00
PROSTHETIST/ORTHOTISTS	3	4	160.36	40.09	.000	53.45	.01
PROSTHETICS	3	4	160.36	40.09	.000	53.45	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	55	104	20,923.76	201.19	.008	380.43	1.56
HOSPICE SERVICES	2	30	3,331.62	111.05	.002	1665.81	.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	970	211,130	46,170.76	.22	15.721	47.60	3.44
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,676	36,077	\$ 431,328.48	\$ 11.96	2.686	\$ 117.34	\$ 32.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MADI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

PAGE 6,085

03/14/05

1,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,053	99,651	\$ 1,180,518.03	\$ 11.85	80.429	\$ 1121.10	\$ 952.80
@PHYSICIANS SERVICES	395	1,680	\$ 59,245.24	\$ 35.27	1.356	\$ 149.99	\$ 47.82
OUTPATIENT VISITS	166	276	9,994.51	36.21	.223	60.21	8.07
OFFICE VISITS	111	162	4,520.62	27.91	.131	40.73	3.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	49	3,503.04	71.49	.040	89.82	2.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	29	636.73	21.96	.023	212.24	.51
OTHER OUTPATIENT	26	36	1,334.12	37.06	.029	51.31	1.08
INPATIENT VISITS	35	249	10,694.41	42.95	.201	305.55	8.63
HOSPITAL VISITS	29	192	8,653.71	45.07	.155	298.40	6.98
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	6	57	2,040.70	35.80	.046	340.12	1.65
OPHTHALMOLOGICAL SERVICES	19	21	784.10	37.34	.017	41.27	.63
EXAMINATIONS	19	21	784.10	37.34	.017	41.27	.63
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	107	10,823.90	101.16	.086	541.20	8.74
PRINCIPAL SURGEON	15	30	8,113.13	270.44	.024	540.88	6.55
ASSISTANT SURGEON	2	2	561.03	280.52	.002	280.52	.45
ANESTHESIOLOGIST	8	75	2,149.74	28.66	.061	268.72	1.74
OUTPATIENT SURGERY	15	21	4,186.15	199.34	.017	279.08	3.38
PRINCIPAL SURGEON	13	14	3,923.61	280.26	.011	301.82	3.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	262.54	37.51	.006	131.27	.21
DIALYSIS	4	13	752.84	57.91	.010	188.21	.61
PATHOLOGY	33	136	792.24	5.83	.110	24.01	.64
RADIOLOGY	87	196	7,361.94	37.56	.158	84.62	5.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	13	299.97	23.07	.010	27.27	.24
OTHER SERVICES/ALL X-OVERS	216	648	13,555.18	20.92	.523	62.76	10.94
@PHARMACY	883	59,665	\$ 437,063.77	\$ 7.33	48.156	\$ 494.98	\$ 352.76
PRESCRIPTION DRUGS	856	3,854	410,224.78	106.44	3.111	479.23	331.09
SNF/ICF	38	216	19,593.32	90.71	.174	515.61	15.81
OUTPATIENTS	827	3,638	390,631.46	107.38	2.936	472.35	315.28
MEDICAL SUPPLIES	228	55,811	26,838.99	.48	45.045	117.71	21.66
@DENTIST	81	410	\$ 12,218.50	\$ 29.80	.331	\$ 150.85	\$ 9.86
VISITS - DIAGNOSTIC	62	288	3,020.50	10.49	.232	48.72	2.44
ORAL SURGERY	14	48	3,088.00	64.33	.039	220.57	2.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.16
PERIODONTICS	10	11	983.00	89.36	.009	98.30	.79
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	34	2,360.00	69.41	.027	168.57	1.90
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	7	24	2,387.00	99.46	.019	341.00	1.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,086
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	41	\$ 957.43	\$ 23.35	.033	\$ 59.84	\$.77
DIAGNOSTIC AND ANC. PROCED	8	10	369.58	36.96	.008	46.20	.30
EYE APPLIANCES	11	29	570.94	19.69	.023	51.90	.46
OTHER OPTOMETRIC SERVICES	1	2	16.91	8.46	.002	16.91	.01
@CHIROPRACTOR	12	22	\$ 367.84	\$ 16.72	.018	\$ 30.65	\$.30
VISITS	12	22	367.84	16.72	.018	30.65	.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	26	\$ 328.33	\$ 12.63	.021	\$ 14.28	\$.26
MEDICINE/INJECTIONS	6	6	144.00	24.00	.005	24.00	.12
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	20	184.33	9.22	.016	10.84	.15
@HOME HEALTH AGENCY	9	183	\$ 6,537.71	\$ 35.73	.148	\$ 726.41	\$ 5.28
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	176	1,034	\$ 342,620.17	\$ 331.35	.835	\$ 1946.71	\$ 276.53
HOSP INPATIENT TOTAL	37	236	313,879.09	1330.00	.190	8483.22	253.33
HSC HOSPITALS	19	177	233,356.01	1318.40	.143	12281.90	188.34
NON-HSC HOSPITAL TOTAL	10	59	73,856.35	1251.80	.048	7385.64	59.61
ACCOMMODATIONS	10	59	19,173.02	324.97	.048	1917.30	15.47
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	59	19,173.02	324.97	.048	1917.30	15.47
ANCILLARIES	10	0	54,683.33	.00	.000	5468.33	44.14
INPATIENT CROSSOVERS	8	0	6,666.73	.00	.000	833.34	5.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	153	798	28,741.08	36.02	.644	187.85	23.20
MEDICAL	27	50	1,950.86	39.02	.040	72.25	1.57
SURGERY	12	14	2,071.31	147.95	.011	172.61	1.67
PATHOLOGY	40	241	3,171.25	13.16	.195	79.28	2.56
RADIOLOGY	44	70	7,940.53	113.44	.056	180.47	6.41
ROOM USE	59	107	4,429.82	41.40	.086	75.08	3.58
CROSSOVERS/ALL OTH OUTPTNT	90	316	9,177.31	29.04	.255	101.97	7.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176		1,034	\$ 342,620.17	\$ 331.35	.835	\$ 1946.71	\$ 276.53
COMM HOSP INPATIENT TOTAL	37		236	313,879.09	1330.00	.190	8483.22	253.33
HSC HOSPITALS	19		177	233,356.01	1318.40	.143	12281.90	188.34
NON-HSC HOSPITALS TOTAL	10		59	73,856.35	1251.80	.048	7385.64	59.61
ACCOMMODATIONS	10		59	19,173.02	324.97	.048	1917.30	15.47
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10		59	19,173.02	324.97	.048	1917.30	15.47
ANCILLARIES	10		0	54,683.33	.00	.000	5468.33	44.14
INPATIENT CROSSOVERS	8		0	6,666.73	.00	.000	833.34	5.38
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	153		798	28,741.08	36.02	.644	187.85	23.20
MEDICAL	27		50	1,950.86	39.02	.040	72.25	1.57
SURGERY	12		14	2,071.31	147.95	.011	172.61	1.67
PATHOLOGY	40		241	3,171.25	13.16	.195	79.28	2.56
RADIOLOGY	44		70	7,940.53	113.44	.056	180.47	6.41
ROOM USE	59		107	4,429.82	41.40	.086	75.08	3.58
CROSSOVERS/ALL OTH OUTPTNT	90		316	9,177.31	29.04	.255	101.97	7.41
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	24		761	\$ 146,304.78	\$ 192.25	.614	\$ 6096.03	\$ 118.08
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	6		146	50,315.67	344.63	.118	8385.95	40.61
LEV B-SUBACUTE HSPTL BASED	1		38	19,609.14	516.03	.031	19609.14	15.83
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	17		577	76,379.97	132.37	.466	4492.94	61.65
@INTERMEDIATE CARE FACIL.-DD	8		262	\$ 44,683.61	\$ 170.55	.211	\$ 5585.45	\$ 36.06
ICF DDH	8		262	44,683.61	170.55	.211	5585.45	36.06
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	79		192	\$ 39,116.76	\$ 203.73	.155	\$ 495.15	\$ 31.57
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	79		192	39,116.76	203.73	.155	495.15	31.57
@REHABILITATION FACILITY	3		9	\$ 174.08	\$ 19.34	.007	\$ 58.03	\$.14
HOSPITAL BASED	1		1	97.29	97.29	.001	97.29	.08
INDEPENDENT FACILITY	2		8	76.79	9.60	.006	38.40	.06
@LABORATORY FACILITY	79		365	\$ 3,805.64	\$ 10.43	.295	\$ 48.17	\$ 3.07
PATHOLOGY	78		359	3,794.68	10.57	.290	48.65	3.06
XO AND OTHERS	1		6	10.96	1.83	.005	10.96	.01

@ORGANIZED OUTPATIENT CLINIC	216	358	\$	34,116.40	\$	95.30	.289	\$	157.95	\$	27.54
CLINIC	1	5		510.66		102.13	.004		510.66		.41
SURGICENTER	4	11		424.75		38.61	.009		106.19		.34
HEROIN DETOX CLINIC	1	6		87.60		14.60	.005		87.60		.07
RURAL HEALTH CLINIC	212	336		33,093.39		98.49	.271		156.10		26.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,088
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	222		34,643	\$ 52,977.77	\$ 1.53	27.960	\$ 238.64	\$ 42.76
DURABLE MED. EQUIP.	15		27	5,902.84	218.62	.022	393.52	4.76
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	75		5,488	25,715.39	4.69	4.429	342.87	20.75
AMBULANCES/AIR TRANS	28		586	5,736.31	9.79	.473	204.87	4.63
OTHER TRANS	46		4,881	19,943.30	4.09	3.939	433.55	16.10
OTHER SERVICES	1		21	35.78	1.70	.017	35.78	.03
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18		47	5,599.06	119.13	.038	311.06	4.52
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	32		76	1,091.64	14.36	.061	34.11	.88
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		2	404.37	202.19	.002	.00	.33
PROSTHETICS	0		2	404.37	202.19	.002	.00	.33
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2		4	166.69	41.67	.003	83.35	.13
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19		1,704	8,064.96	4.73	1.375	424.47	6.51
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	87		27,295	6,032.82	.22	22.030	69.34	4.87
@CALIF. CHILDREN SERVICES*	38		1,946	\$ 120,882.42	\$ 62.12	1.571	\$ 3181.12	\$ 97.56
@XOVER EXCLUDING STATE HOSP**	238		1,107	\$ 61,013.31	\$ 55.12	.893	\$ 256.36	\$ 49.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,089
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	40,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,389		2,509,406	\$ 27,793,091.24	\$ 11.08	62.336	\$ 808.20	\$ 690.41
@PHYSICIANS SERVICES	11,446		53,301	\$ 1,779,705.42	\$ 33.39	1.324	\$ 155.49	\$ 44.21
OUTPATIENT VISITS	5,786		9,257	347,915.69	37.58	.230	60.13	8.64
OFFICE VISITS	4,097		6,242	190,051.80	30.45	.155	46.39	4.72
HOME VISITS	45		75	2,815.98	37.55	.002	62.58	.07
EMERGENCY ROOM	1,314		1,804	114,575.19	63.51	.045	87.20	2.85

PREVENTIVE CARE	13	13	570.58	43.89	.000	43.89	.01
OB VISITS/COMPRE PERI	28	182	5,202.62	28.59	.005	185.81	.13
OTHER OUTPATIENT	702	941	34,699.52	36.88	.023	49.43	.86
INPATIENT VISITS	893	4,745	281,311.94	59.29	.118	315.02	6.99
HOSPITAL VISITS	686	3,904	186,476.05	47.77	.097	271.83	4.63
CRITICAL CARE	86	554	85,804.27	154.88	.014	997.72	2.13
SNF/ICF/TRANS IP CARE	193	287	9,031.62	31.47	.007	46.80	.22
OPHTHALMOLOGICAL SERVICES	342	408	15,518.19	38.03	.010	45.37	.39
EXAMINATIONS	340	406	15,462.90	38.09	.010	45.48	.38
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	301	1,780	162,170.11	91.11	.044	538.77	4.03
PRINCIPAL SURGEON	225	360	129,003.46	358.34	.009	573.35	3.20
ASSISTANT SURGEON	24	26	5,358.76	206.11	.001	223.28	.13
ANESTHESIOLOGIST	100	1,394	27,807.89	19.95	.035	278.08	.69
OUTPATIENT SURGERY	688	1,566	141,891.77	90.61	.039	206.24	3.52
PRINCIPAL SURGEON	568	695	122,487.40	176.24	.017	215.65	3.04
ASSISTANT SURGEON	8	17	708.63	41.68	.000	88.58	.02
ANESTHESIOLOGIST	149	854	18,695.74	21.89	.021	125.47	.46
DIALYSIS	47	277	14,246.29	51.43	.007	303.11	.35
PATHOLOGY	1,334	3,338	43,386.68	13.00	.083	32.52	1.08
RADIOLOGY	2,562	5,215	182,126.66	34.92	.130	71.09	4.52
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	399	9,312	282,584.06	30.35	.231	708.23	7.02
OTHER SERVICES/ALL X-OVERS	5,004	17,400	308,364.13	17.72	.432	61.62	7.66
@PHARMACY	27,482	1,164,701	\$ 12,003,630.81	\$ 10.31	28.932	\$ 436.78	\$ 298.18
PRESCRIPTION DRUGS	26,791	125,625	11,423,465.49	90.93	3.121	426.39	283.77
SNF/ICF	728	4,979	451,895.11	90.76	.124	620.74	11.23
OUTPATIENTS	26,170	120,646	10,971,570.38	90.94	2.997	419.24	272.54
MEDICAL SUPPLIES	4,359	1,039,076	580,165.32	.56	25.812	133.10	14.41
@DENTIST	2,446	12,225	\$ 381,981.02	\$ 31.25	.304	\$ 156.17	\$ 9.49
VISITS - DIAGNOSTIC	1,727	8,389	89,931.23	10.72	.208	52.07	2.23
ORAL SURGERY	363	895	56,656.00	63.30	.022	156.08	1.41
DRUGS	25	55	925.00	16.82	.001	37.00	.02
ANESTHESIA	17	17	1,600.00	94.12	.000	94.12	.04
PERIODONTICS	327	344	31,471.50	91.49	.009	96.24	.78
ENDODONTICS	128	199	40,819.00	205.12	.005	318.90	1.01
RESTORATIVE DENTISTRY	613	1,477	92,288.55	62.48	.037	150.55	2.29
PROSTHETICS	41	43	1,110.00	25.81	.001	27.07	.03
DENTURES, STAYPLATES	253	695	62,584.51	90.05	.017	247.37	1.55
SPACE MAINTAINERS	3	5	222.00	44.40	.000	74.00	.01
MAXILLOFACIAL SERVICES	16	18	1,893.23	105.18	.000	118.33	.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	17	24	2,165.00	90.21	.001	127.35	.05
ALL OTHER SERVICES	49	64	315.00	4.92	.002	6.43	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,090
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
40,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	661	1,686	\$ 37,872.79	\$ 22.46	.042	\$ 57.30	\$.94
DIAGNOSTIC AND ANC. PROCED	368	421	15,958.05	37.91	.010	43.36	.40
EYE APPLIANCES	448	1,182	19,442.38	16.45	.029	43.40	.48
OTHER OPTOMETRIC SERVICES	58	83	2,472.36	29.79	.002	42.63	.06
@CHIROPRACTOR	262	373	\$ 6,138.67	\$ 16.46	.009	\$ 23.43	\$.15
VISITS	245	350	5,847.82	16.71	.009	23.87	.15

OTHER SERVICES	17	23		290.85		12.65	.001	17.11		.01
@PODIATRIST	415	540	\$	10,984.97	\$	20.34	.013	\$ 26.47	\$	.27
MEDICINE/INJECTIONS	220	248		7,081.69		28.56	.006	32.19		.18
SURGERY/ANES.	6	6		912.95		152.16	.000	152.16		.02
RADIO./PATHOLOGY	5	5		86.50		17.30	.000	17.30		.00
OTHER	191	281		2,903.83		10.33	.007	15.20		.07
@HOME HEALTH AGENCY	198	7,753	\$	265,829.61	\$	34.29	.193	\$ 1342.57	\$	6.60
NURSE ANESTHESIST	29	341	\$	3,887.97	\$	11.40	.008	\$ 134.07	\$	.10
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$	11.08	.000	\$ 33.24	\$	.00
FAMILY NURSE PRACTITIONER	7	7	\$	191.60	\$	27.37	.000	\$ 27.37	\$	.00
@TOTAL HOSPITAL	6,122	37,436	\$	7,098,553.41	\$	189.62	.930	\$ 1159.52	\$	176.34
HOSP INPATIENT TOTAL	693	3,769		5,956,664.42		1580.44	.094	8595.48		147.97
HSC HOSPITALS	340	2,491		3,714,297.28		1491.09	.062	10924.40		92.27
NON-HSC HOSPITAL TOTAL	187	1,278		2,090,255.84		1635.57	.032	11177.84		51.92
ACCOMMODATIONS	187	1,278		627,469.75		490.98	.032	3355.45		15.59
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000	693.90		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	186	1,275		626,775.85		491.59	.032	3369.76		15.57
ANCILLARIES	187	0		1,462,786.09		.00	.000	7822.39		36.34
INPATIENT CROSSEOVERS	181	0		152,111.30		.00	.000	840.39		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,686	33,667		1,141,888.99		33.92	.836	200.82		28.37
MEDICAL	1,379	3,319		191,587.49		57.72	.082	138.93		4.76
SURGERY	443	536		44,211.87		82.48	.013	99.80		1.10
PATHOLOGY	1,918	9,922		119,064.42		12.00	.246	62.08		2.96
RADIOLOGY	1,620	2,421		222,369.60		91.85	.060	137.27		5.52
ROOM USE	2,438	3,843		159,991.82		41.63	.095	65.62		3.97
CROSSEOVERS/ALL OTH OUTPTNT	2,880	13,626		404,663.79		29.70	.338	140.51		10.05
@COUNTY HOSPITAL TOTAL	35	120	\$	24,618.00	\$	205.15	.003	\$ 703.37	\$	.61
CO HOSPITAL INPATIENT TOTAL	4	24		22,151.01		922.96	.001	5537.75		.55
HSC HOSPITALS	1	3		3,300.00		1100.00	.000	3300.00		.08

NON-HSC HOSPITALS TOTAL	3	21	18,851.01	897.67	.001	6283.67	.47
ACCOMMODATIONS	3	21	10,141.20	482.91	.001	3380.40	.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	10,141.20	482.91	.001	3380.40	.25
ANCILLARIES	3	0	8,709.81	.00	.000	2903.27	.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	96	2,466.99	25.70	.002	79.58	.06
MEDICAL	19	30	991.76	33.06	.001	52.20	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	17	116.49	6.85	.000	58.25	.00
RADIOLOGY	4	6	156.74	26.12	.000	39.19	.00
ROOM USE	22	24	896.53	37.36	.001	40.75	.02
CROSSOVERS/ALL OTH OUTPTNT	10	19	305.47	16.08	.000	30.55	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,091
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

						----- MONTHLY AVERAGE -----			
40,256 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,097	37,316	\$	7,073,935.41	\$ 189.57	.927	\$ 1160.23	\$ 175.72	
COMM HOSP INPATIENT TOTAL	691	3,745		5,934,513.41	1584.65	.093	8588.30	147.42	
HSC HOSPITALS	339	2,488		3,710,997.28	1491.56	.062	10946.89	92.18	
NON-HSC HOSPITALS TOTAL	185	1,257		2,071,404.83	1647.90	.031	11196.78	51.46	
ACCOMMODATIONS	185	1,257		617,328.55	491.11	.031	3336.91	15.34	
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.02	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	184	1,254		616,634.65	491.73	.031	3351.28	15.32	
ANCILLARIES	185	0		1,454,076.28	.00	.000	7859.87	36.12	
INPATIENT CROSSOVERS	181	0		152,111.30	.00	.000	840.39	3.78	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,663	33,571		1,139,422.00	33.94	.834	201.20	28.30	
MEDICAL	1,362	3,289		190,595.73	57.95	.082	139.94	4.73	
SURGERY	443	536		44,211.87	82.48	.013	99.80	1.10	
PATHOLOGY	1,916	9,905		118,947.93	12.01	.246	62.08	2.95	
RADIOLOGY	1,616	2,415		222,212.86	92.01	.060	137.51	5.52	
ROOM USE	2,422	3,819		159,095.29	41.66	.095	65.69	3.95	
CROSSOVERS/ALL OTH OUTPTNT	2,870	13,607		404,358.32	29.72	.338	140.89	10.04	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	379	9,987	\$	1,356,612.45	\$ 135.84	.248	\$ 3579.45	\$ 33.70	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	41	1,304		163,291.43	125.22	.032	3982.72	4.06	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	1	31		8,991.09	290.04	.001	8991.09	.22	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	338	8,652		1,184,329.93	136.89	.215	3503.93	29.42	
@INTERMEDIATE CARE FACIL.-DD	248	7,827	\$	1,613,833.84	\$ 206.19	.194	\$ 6507.39	\$ 40.09	
ICF DDH	16	466		78,754.65	169.00	.012	4922.17	1.96	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	232	7,361		1,535,079.19	208.54	.183	6616.72	38.13	
@HEMODIALYSIS TOTAL	301	2,315	\$	207,430.72	\$ 89.60	.058	\$ 689.14	\$ 5.15	
HOSPITAL BASED	1	2		5,228.04	2614.02	.000	5228.04	.13	
HEMODIALYSIS CENTER	300	2,313		202,202.68	87.42	.057	674.01	5.02	

@REHABILITATION FACILITY	137	472	\$	15,908.19	\$	33.70	.012	\$	116.12	\$	.40
HOSPITAL BASED	133	461		15,646.60		33.94	.011		117.64		.39
INDEPENDENT FACILITY	4	11		261.59		23.78	.000		65.40		.01
@LABORATORY FACILITY	2,502	11,469	\$	120,847.35	\$	10.54	.285	\$	48.30	\$	3.00
PATHOLOGY	2,488	11,439		120,514.49		10.54	.284		48.44		2.99
XO AND OTHERS	14	30		332.86		11.10	.001		23.78		.01
@ORGANIZED OUTPATIENT CLINIC	8,836	15,165	\$	1,739,376.09	\$	114.70	.377	\$	196.85	\$	43.21
CLINIC	70	232		5,772.00		24.88	.006		82.46		.14
SURGICENTER	188	768		26,885.80		35.01	.019		143.01		.67
HEROIN DETOX CLINIC	10	112		1,240.97		11.08	.003		124.10		.03
RURAL HEALTH CLINIC	8,660	14,053		1,705,477.32		121.36	.349		196.94		42.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,092
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
40,256 ELIGIBLES							
@ALL OTHER PROVIDERS	5,721	1,183,805	\$ 1,150,273.09	\$.97	29.407	\$ 201.06	\$ 28.57
DURABLE MED. EQUIP.	643	1,854	251,360.53	135.58	.046	390.92	6.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	50	15,762.90	315.26	.001	508.48	.39
MEDICAL TRANSPORTATION	952	47,486	257,972.23	5.43	1.180	270.98	6.41
AMBULANCES/AIR TRANS	747	13,172	145,170.77	11.02	.327	194.34	3.61
OTHER TRANS	197	33,873	101,609.48	3.00	.841	515.78	2.52
OTHER SERVICES	47	441	11,191.98	25.38	.011	238.13	.28
ACUPUNCTURE	13	27	459.56	17.02	.001	35.35	.01
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.033	1013.87	2.29
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	86	612	35,621.65	58.21	.015	414.21	.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	892	2,072	25,000.34	12.07	.051	28.03	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	21	50	717.28	14.35	.001	34.16	.02
PROSTHETIST/ORTHOTISTS	78	276	39,273.39	142.29	.007	503.51	.98
PROSTHETICS	77	275	39,234.56	142.67	.007	509.54	.97
ORTHOTICS	1	1	38.83	38.83	.000	38.83	.00
PSYCHOLOGIST	7	24	1,813.83	75.58	.001	259.12	.05
SPEECH AND AUDIOLOGY	150	458	33,905.13	74.03	.011	226.03	.84
HOSPICE SERVICES	5	164	20,272.93	123.62	.004	4054.59	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	912	42,682	188,317.13	4.41	1.060	206.49	4.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,334	1,086,718	187,218.61	.17	26.995	80.21	4.65
@CALIF. CHILDREN SERVICES*	1,223	29,638	\$ 2,970,783.39	\$ 100.24	.736	\$ 2429.10	\$ 73.80
@XOVER EXCLUDING STATE HOSP**	5,480	67,477	\$ 772,159.32	\$ 11.44	1.676	\$ 140.90	\$ 19.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,093
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
96,323 ELIGIBLES							

@TOTAL, ALL PROVIDERS	49,999	248,948	\$	12,307,148.25	\$	49.44	2.585	\$	246.15	\$	127.77
@PHYSICIANS SERVICES	16,998	38,790	\$	1,569,915.42	\$	40.47	.403	\$	92.36	\$	16.30
OUTPATIENT VISITS	13,260	18,846		640,517.67		33.99	.196		48.30		6.65
OFFICE VISITS	10,139	13,201		401,891.02		30.44	.137		39.64		4.17
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,676	2,941		153,634.19		52.24	.031		57.41		1.59
PREVENTIVE CARE	14	14		592.82		42.34	.000		42.34		.01
OB VISITS/COMPRE PERI	538	2,197		69,630.06		31.69	.023		129.42		.72
OTHER OUTPATIENT	429	493		14,769.58		29.96	.005		34.43		.15
INPATIENT VISITS	523	1,488		96,370.44		64.77	.015		184.26		1.00
HOSPITAL VISITS	492	1,208		58,237.72		48.21	.013		118.37		.60
CRITICAL CARE	45	280		38,132.72		136.19	.003		847.39		.40
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	339	374		16,837.43		45.02	.004		49.67		.17
EXAMINATIONS	333	368		16,727.43		45.45	.004		50.23		.17
SERVICES AND MATERIALS	6	6		110.00		18.33	.000		18.33		.00
INPATIENT HOSPITAL SURGERY	507	1,582		298,240.48		188.52	.016		588.25		3.10
PRINCIPAL SURGEON	357	512		259,454.61		506.75	.005		726.76		2.69
ASSISTANT SURGEON	68	67		11,369.83		169.70	.001		167.20		.12
ANESTHESIOLOGIST	160	1,003		27,416.04		27.33	.010		171.35		.28
OUTPATIENT SURGERY	954	1,892		139,654.41		73.81	.020		146.39		1.45
PRINCIPAL SURGEON	795	949		113,437.89		119.53	.010		142.69		1.18
ASSISTANT SURGEON	7	7		977.27		139.61	.000		139.61		.01
ANESTHESIOLOGIST	226	936		25,239.25		26.97	.010		111.68		.26
DIALYSIS	1	9		721.60		80.18	.000		721.60		.01
PATHOLOGY	2,070	3,322		43,318.08		13.04	.034		20.93		.45
RADIOLOGY	2,784	3,954		106,984.03		27.06	.041		38.43		1.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	372	1,379		116,456.63		84.45	.014		313.06		1.21
OTHER SERVICES/ALL X-OVERS	1,889	5,944		110,814.65		18.64	.062		58.66		1.15
@PHARMACY	25,436	74,840	\$	2,846,634.77	\$	38.04	.777	\$	111.91	\$	29.55
PRESCRIPTION DRUGS	25,267	66,251		2,779,979.79		41.96	.688		110.02		28.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	25,267	66,251		2,779,979.79		41.96	.688		110.02		28.86
MEDICAL SUPPLIES	1,048	8,589		66,654.98		7.76	.089		63.60		.69
@DENTIST	6,082	38,052	\$	873,631.77	\$	22.96	.395	\$	143.64	\$	9.07
VISITS - DIAGNOSTIC	4,165	28,333		305,144.15		10.77	.294		73.26		3.17
ORAL SURGERY	914	1,648		97,933.73		59.43	.017		107.15		1.02
DRUGS	134	219		4,128.75		18.85	.002		30.81		.04
ANESTHESIA	47	48		4,600.00		95.83	.000		97.87		.05
PERIODONTICS	213	220		17,345.00		78.84	.002		81.43		.18
ENDODONTICS	372	679		81,168.75		119.54	.007		218.20		.84
RESTORATIVE DENTISTRY	2,369	6,036		304,815.80		50.50	.063		128.67		3.16
PROSTHETICS	9	9		150.00		16.67	.000		16.67		.00
DENTURES, STAYPLATES	43	174		15,114.75		86.87	.002		351.51		.16
SPACE MAINTAINERS	45	63		7,296.00		115.81	.001		162.13		.08
MAXILLOFACIAL SERVICES	60	60		5,959.84		99.33	.001		99.33		.06
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01
ORTHODONTIC SERVICES	291	340		27,500.00		80.88	.004		94.50		.29
ALL OTHER SERVICES	132	222		1,275.00		5.74	.002		9.66		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,094
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

96,323 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
					----- MONTHLY AVERAGE -----		

@OPTOMETRIST	833	2,155	\$	48,857.27	\$	22.67	.022	\$	58.65	\$	.51
DIAGNOSTIC AND ANC. PROCED	609	698		27,560.61		39.49	.007		45.26		.29
EYE APPLIANCES	540	1,455		21,261.25		14.61	.015		39.37		.22
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.000		17.71		.00
@CHIROPRACTOR	300	454	\$	7,574.16	\$	16.68	.005	\$	25.25	\$	.08
VISITS	300	454		7,574.16		16.68	.005		25.25		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	96	115	\$	3,796.62	\$	33.01	.001	\$	39.55	\$	.04
MEDICINE/INJECTIONS	96	111		3,595.96		32.40	.001		37.46		.04
SURGERY/ANES.	1	1		84.14		84.14	.000		84.14		.00
RADIO./PATHOLOGY	2	2		41.52		20.76	.000		20.76		.00
OTHER	1	1		75.00		75.00	.000		75.00		.00
@HOME HEALTH AGENCY	29	72	\$	4,818.66	\$	66.93	.001	\$	166.16	\$	.05
NURSE ANESTHESIST	23	390	\$	4,920.17	\$	12.62	.004	\$	213.92	\$	.05
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	9	19	\$	334.37	\$	17.60	.000	\$	37.15	\$	.00
@TOTAL HOSPITAL	6,860	25,148	\$	3,253,714.20	\$	129.38	.261	\$	474.30	\$	33.78
HOSP INPATIENT TOTAL	517	1,913		2,539,114.59		1327.29	.020		4911.25		26.36
HSC HOSPITALS	345	1,166		1,873,125.02		1606.45	.012		5429.35		19.45
NON-HSC HOSPITAL TOTAL	174	747		665,989.57		891.55	.008		3827.53		6.91
ACCOMMODATIONS	174	747		225,973.54		302.51	.008		1298.70		2.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	174	747		225,973.54		302.51	.008		1298.70		2.35
ANCILLARIES	174	0		440,016.03		.00	.000		2528.83		4.57
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,507	23,235		714,599.61		30.76	.241		109.82		7.42
MEDICAL	1,663	2,332		103,490.44		44.38	.024		62.23		1.07
SURGERY	698	903		52,456.67		58.09	.009		75.15		.54
PATHOLOGY	1,980	6,967		79,397.16		11.40	.072		40.10		.82
RADIOLOGY	1,795	2,365		162,211.63		68.59	.025		90.37		1.68
ROOM USE	4,350	5,515		221,963.65		40.25	.057		51.03		2.30
CROSSOVERS/ALL OTH OUTPTNT	2,479	5,153		95,080.06		18.45	.053		38.35		.99
@COUNTY HOSPITAL TOTAL	21	78	\$	7,410.29	\$	95.00	.001	\$	352.87	\$	.08
CO HOSPITAL INPATIENT TOTAL	1	4		5,408.00		1352.00	.000		5408.00		.06
HSC HOSPITALS	1	4		5,408.00		1352.00	.000		5408.00		.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	74		2,002.29		27.06	.001		100.11		.02
MEDICAL	6	6		303.94		50.66	.000		50.66		.00
SURGERY	1	1		18.61		18.61	.000		18.61		.00
PATHOLOGY	7	33		333.21		10.10	.000		47.60		.00
RADIOLOGY	3	8		201.04		25.13	.000		67.01		.00
ROOM USE	14	16		634.13		39.63	.000		45.30		.01
CROSSOVERS/ALL OTH OUTPTNT	9	10		511.36		51.14	.000		56.82		.01

96,323 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,841	25,070	\$ 3,246,303.91	\$ 129.49	.260	\$ 474.54	\$ 33.70
COMM HOSP INPATIENT TOTAL	516	1,909	2,533,706.59	1327.24	.020	4910.28	26.30
HSC HOSPITALS	344	1,162	1,867,717.02	1607.33	.012	5429.41	19.39
NON-HSC HOSPITALS TOTAL	174	747	665,989.57	891.55	.008	3827.53	6.91
ACCOMMODATIONS	174	747	225,973.54	302.51	.008	1298.70	2.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	174	747	225,973.54	302.51	.008	1298.70	2.35
ANCILLARIES	174	0	440,016.03	.00	.000	2528.83	4.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,488	23,161	712,597.32	30.77	.240	109.83	7.40
MEDICAL	1,657	2,326	103,186.50	44.36	.024	62.27	1.07
SURGERY	697	902	52,438.06	58.14	.009	75.23	.54
PATHOLOGY	1,973	6,934	79,063.95	11.40	.072	40.07	.82
RADIOLOGY	1,792	2,357	162,010.59	68.74	.024	90.41	1.68
ROOM USE	4,337	5,499	221,329.52	40.25	.057	51.03	2.30
CROSSOVERS/ALL OTH OUTPTNT	2,470	5,143	94,568.70	18.39	.053	38.29	.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 478.60	\$ 478.60	.000	\$ 478.60	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	478.60	478.60	.000	478.60	.00
@REHABILITATION FACILITY	106	292	\$ 10,511.87	\$ 36.00	.003	\$ 99.17	\$.11
HOSPITAL BASED	105	291	10,490.68	36.05	.003	99.91	.11
INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	2,462	9,383	\$ 114,196.76	\$ 12.17	.097	\$ 46.38	\$ 1.19
PATHOLOGY	2,456	9,377	113,839.76	12.14	.097	46.35	1.18
XO AND OTHERS	6	6	357.00	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	15,090	23,500	\$ 3,366,119.34	\$ 143.24	.244	\$ 223.07	\$ 34.95
CLINIC	765	3,058	68,182.17	22.30	.032	89.13	.71
SURGICENTER	132	593	23,082.74	38.93	.006	174.87	.24
HEROIN DETOX CLINIC	9	82	966.97	11.79	.001	107.44	.01
RURAL HEALTH CLINIC	14,357	19,767	3,273,887.46	165.62	.205	228.03	33.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MADERA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	96,323 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,264	35,737	\$	201,644.27	\$ 5.64	.371	\$ 47.29	\$ 2.09
DURABLE MED. EQUIP.	62	74		8,732.63	118.01	.001	140.85	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		817.29	817.29	.000	817.29	.01
MEDICAL TRANSPORTATION	471	7,075		73,596.79	10.40	.073	156.26	.76
AMBULANCES/AIR TRANS	471	7,070		68,702.03	9.72	.073	145.86	.71
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	5		4,894.76	978.95	.000	1223.69	.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	86	86		9,030.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	962	2,045		19,028.32	9.30	.021	19.78	.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	40	64		3,834.72	59.92	.001	95.87	.04
PROSTHETICS	39	63		3,790.64	60.17	.001	97.20	.04
ORTHOTICS	1	1		44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	17	65		3,606.39	55.48	.001	212.14	.04
SPEECH AND AUDIOLOGY	4	6		1,529.65	254.94	.000	382.41	.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,574	6,968		79,035.05	11.34	.072	30.71	.82
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	95	19,353		2,433.43	.13	.201	25.62	.03
@CALIF. CHILDREN SERVICES*	288	9,767	\$	495,760.98	\$ 50.76	.101	\$ 1721.39	\$ 5.15
@XOVER EXCLUDING STATE HOSP**	3	4	\$	555.26	\$ 138.82	.000	\$ 185.09	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
151,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	95,580	3,540,447	\$ 45,729,761.17	\$ 12.92	23.408	\$ 478.44	\$ 302.35	
@PHYSICIANS SERVICES	30,965	100,050	\$ 3,502,935.47	\$ 35.01	.661	\$ 113.13	\$ 23.16	
OUTPATIENT VISITS	19,235	28,406	999,420.56	35.18	.188	51.96	6.61	
OFFICE VISITS	14,366	19,628	597,230.23	30.43	.130	41.57	3.95	
HOME VISITS	45	75	2,815.98	37.55	.000	62.58	.02	
EMERGENCY ROOM	4,033	4,798	271,938.32	56.68	.032	67.43	1.80	
PREVENTIVE CARE	27	27	1,163.40	43.09	.000	43.09	.01	
OB VISITS/COMPRE PERI	569	2,408	75,469.41	31.34	.016	132.64	.50	
OTHER OUTPATIENT	1,157	1,470	50,803.22	34.56	.010	43.91	.34	
INPATIENT VISITS	1,454	6,494	388,977.41	59.90	.043	267.52	2.57	
HOSPITAL VISITS	1,210	5,316	253,968.10	47.77	.035	209.89	1.68	
CRITICAL CARE	131	834	123,936.99	148.61	.006	946.08	.82	
SNF/ICF/TRANS IP CARE	199	344	11,072.32	32.19	.002	55.64	.07	
OPHTHALMOLOGICAL SERVICES	764	866	34,150.39	39.43	.006	44.70	.23	
EXAMINATIONS	756	858	33,985.10	39.61	.006	44.95	.22	
SERVICES AND MATERIALS	8	8	165.29	20.66	.000	20.66	.00	
INPATIENT HOSPITAL SURGERY	828	3,469	471,234.49	135.84	.023	569.12	3.12	
PRINCIPAL SURGEON	597	902	396,571.20	439.66	.006	664.27	2.62	
ASSISTANT SURGEON	94	95	17,289.62	182.00	.001	183.93	.11	
ANESTHESIOLOGIST	268	2,472	57,373.67	23.21	.016	214.08	.38	
OUTPATIENT SURGERY	1,663	3,498	287,498.70	82.19	.023	172.88	1.90	
PRINCIPAL SURGEON	1,380	1,662	241,226.78	145.14	.011	174.80	1.59	
ASSISTANT SURGEON	15	24	1,685.90	70.25	.000	112.39	.01	
ANESTHESIOLOGIST	380	1,812	44,586.02	24.61	.012	117.33	.29	
DIALYSIS	52	299	15,720.73	52.58	.002	302.32	.10	
PATHOLOGY	3,443	6,819	87,672.07	12.86	.045	25.46	.58	
RADIOLOGY	5,445	9,379	296,832.20	31.65	.062	54.51	1.96	
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00	
IMMUNIZATION AND INJECTION	784	10,745	399,863.04	37.21	.071	510.03	2.64	
OTHER SERVICES/ALL X-OVERS	9,156	30,072	521,375.98	17.34	.199	56.94	3.45	
@PHARMACY	62,455	1,738,583	\$ 18,094,434.79	\$ 10.41	11.495	\$ 289.72	\$ 119.63	
PRESCRIPTION DRUGS	61,358	229,176	17,295,316.61	75.47	1.515	281.88	114.35	
SNF/ICF	947	6,355	538,027.32	84.66	.042	568.14	3.56	
OUTPATIENTS	60,547	222,821	16,757,289.29	75.21	1.473	276.76	110.79	
MEDICAL SUPPLIES	7,156	1,509,407	799,118.18	.53	9.980	111.67	5.28	
@DENTIST	9,215	53,430	\$ 1,377,452.71	\$ 25.78	.353	\$ 149.48	\$ 9.11	
VISITS - DIAGNOSTIC	6,330	38,717	414,161.38	10.70	.256	65.43	2.74	
ORAL SURGERY	1,413	2,846	171,898.73	60.40	.019	121.66	1.14	
DRUGS	159	274	5,053.75	18.44	.002	31.78	.03	
ANESTHESIA	66	67	6,400.00	95.52	.000	96.97	.04	
PERIODONTICS	634	663	58,055.50	87.56	.004	91.57	.38	
ENDODONTICS	530	929	132,176.75	142.28	.006	249.39	.87	
RESTORATIVE DENTISTRY	3,111	7,794	417,529.35	53.57	.052	134.21	2.76	
PROSTHETICS	59	61	1,460.00	23.93	.000	24.75	.01	
DENTURES, STAYPLATES	449	1,274	122,741.18	96.34	.008	273.37	.81	
SPACE MAINTAINERS	48	68	7,518.00	110.56	.000	156.63	.05	
MAXILLOFACIAL SERVICES	77	80	8,003.07	100.04	.001	103.94	.05	
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.01	
ORTHODONTIC SERVICES	308	364	29,665.00	81.50	.002	96.31	.20	
ALL OTHER SERVICES	190	292	1,590.00	5.45	.002	8.37	.01	

151,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,713	4,362	\$ 97,160.72	\$ 22.27	.029	\$ 56.72	\$.64
DIAGNOSTIC AND ANC. PROCED	1,035	1,184	45,626.81	38.54	.008	44.08	.30
EYE APPLIANCES	1,125	3,004	47,189.32	15.71	.020	41.95	.31
OTHER OPTOMETRIC SERVICES	122	174	4,344.59	24.97	.001	35.61	.03
@CHIROPRACTOR	594	882	\$ 14,553.97	\$ 16.50	.006	\$ 24.50	\$.10
VISITS	560	833	13,906.86	16.69	.006	24.83	.09
OTHER SERVICES	34	49	647.11	13.21	.000	19.03	.00
@PODIATRIST	655	848	\$ 16,560.24	\$ 19.53	.006	\$ 25.28	\$.11
MEDICINE/INJECTIONS	322	365	10,821.65	29.65	.002	33.61	.07
SURGERY/ANES.	7	7	997.09	142.44	.000	142.44	.01
RADIO./PATHOLOGY	7	7	128.02	18.29	.000	18.29	.00
OTHER	330	469	4,613.48	9.84	.003	13.98	.03
@HOME HEALTH AGENCY	239	8,019	\$ 277,830.43	\$ 34.65	.053	\$ 1162.47	\$ 1.84
NURSE ANESTHESIST	59	745	\$ 8,915.61	\$ 11.97	.005	\$ 151.11	\$.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	3	33.24	11.08	.000	33.24	.00
FAMILY NURSE PRACTITIONER	16	26	525.97	20.23	.000	32.87	.00
@TOTAL HOSPITAL	13,953	66,444	\$ 11,182,219.98	\$ 168.30	.439	\$ 801.42	\$ 73.93
HOSP INPATIENT TOTAL	1,386	6,217	9,225,894.91	1483.98	.041	6656.49	61.00
HSC HOSPITALS	724	3,988	5,968,129.64	1496.52	.026	8243.27	39.46
NON-HSC HOSPITAL TOTAL	395	2,229	3,017,541.29	1353.76	.015	7639.35	19.95
ACCOMMODATIONS	395	2,229	927,638.95	416.17	.015	2348.45	6.13
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	394	2,226	926,945.05	416.42	.015	2352.65	6.13
ANCILLARIES	395	0	2,089,902.34	.00	.000	5290.89	13.82
INPATIENT CROSSOVERS	285	0	240,223.98	.00	.000	842.89	1.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,034	60,227	1,956,325.07	32.48	.398	150.09	12.93
MEDICAL	3,071	5,702	297,059.31	52.10	.038	96.73	1.96
SURGERY	1,155	1,456	99,162.10	68.11	.010	85.85	.66
PATHOLOGY	3,943	17,150	201,830.38	11.77	.113	51.19	1.33
RADIOLOGY	3,466	4,865	393,035.70	80.79	.032	113.40	2.60
ROOM USE	6,851	9,468	386,507.11	40.82	.063	56.42	2.56
CROSSOVERS/ALL OTH OUTPTNT	6,130	21,586	578,730.47	26.81	.143	94.41	3.83
@COUNTY HOSPITAL TOTAL	69	249	\$ 38,688.78	\$ 155.38	.002	\$ 560.71	\$.26
CO HOSPITAL INPATIENT TOTAL	7	33	33,249.81	1007.57	.000	4749.97	.22
HSC HOSPITALS	3	12	13,817.94	1151.50	.000	4605.98	.09
NON-HSC HOSPITALS TOTAL	3	21	18,851.01	897.67	.000	6283.67	.12
ACCOMMODATIONS	3	21	10,141.20	482.91	.000	3380.40	.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	10,141.20	482.91	.000	3380.40	.07
ANCILLARIES	3	0	8,709.81	.00	.000	2903.27	.06
INPATIENT CROSSOVERS	1	0	580.86	.00	.000	580.86	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63	216	5,438.97	25.18	.001	86.33	.04
MEDICAL	26	36	1,295.70	35.99	.000	49.83	.01
SURGERY	1	1	18.61	18.61	.000	18.61	.00
PATHOLOGY	10	50	449.70	8.99	.000	44.97	.00

RADIOLOGY	7	14	357.78	25.56	.000	51.11	.00
ROOM USE	37	40	1,530.66	38.27	.000	41.37	.01
CROSSOVERS/ALL OTH OUTPTNT	30	75	1,786.52	23.82	.000	59.55	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,099

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
151,248 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	13,898	66,195	\$ 11,143,531.20	\$ 168.34	.438	\$ 801.81	\$ 73.68
COMM HOSP INPATIENT TOTAL	1,381	6,184	9,192,645.10	1486.52	.041	6656.51	60.78
HSC HOSPITALS	721	3,976	5,954,311.70	1497.56	.026	8258.41	39.37
NON-HSC HOSPITALS TOTAL	393	2,208	2,998,690.28	1358.10	.015	7630.26	19.83
ACCOMMODATIONS	393	2,208	917,497.75	415.53	.015	2334.60	6.07
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	392	2,205	916,803.85	415.78	.015	2338.79	6.06
ANCILLARIES	393	0	2,081,192.53	.00	.000	5295.66	13.76
INPATIENT CROSSOVERS	284	0	239,643.12	.00	.000	843.81	1.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,982	60,011	1,950,886.10	32.51	.397	150.28	12.90
MEDICAL	3,047	5,666	295,763.61	52.20	.037	97.07	1.96
SURGERY	1,154	1,455	99,143.49	68.14	.010	85.91	.66
PATHOLOGY	3,933	17,100	201,380.68	11.78	.113	51.20	1.33
RADIOLOGY	3,459	4,851	392,677.92	80.95	.032	113.52	2.60
ROOM USE	6,821	9,428	384,976.45	40.83	.062	56.44	2.55
CROSSOVERS/ALL OTH OUTPTNT	6,102	21,511	576,943.95	26.82	.142	94.55	3.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	599	14,948	\$ 2,130,671.66	\$ 142.54	.099	\$ 3557.05	\$ 14.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	41	1,304	163,291.43	125.22	.009	3982.72	1.08
LEV B-SUBACUTE FREESTANDING	6	146	50,315.67	344.63	.001	8385.95	.33
LEV B-SUBACUTE HSPTL BASED	2	69	28,600.23	414.50	.000	14300.12	.19
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	551	13,429	1,888,464.33	140.63	.089	3427.34	12.49
@INTERMEDIATE CARE FACIL.-DD	256	8,089	\$ 1,658,517.45	\$ 205.03	.053	\$ 6478.58	\$ 10.97
ICF DDH	24	728	123,438.26	169.56	.005	5143.26	.82
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	232	7,361	1,535,079.19	208.54	.049	6616.72	10.15
@HEMODIALYSIS TOTAL	444	2,585	\$ 269,993.77	\$ 104.45	.017	\$ 608.09	\$ 1.79
HOSPITAL BASED	1	2	5,228.04	2614.02	.000	5228.04	.03
HEMODIALYSIS CENTER	443	2,583	264,765.73	102.50	.017	597.67	1.75
@REHABILITATION FACILITY	247	774	\$ 26,625.21	\$ 34.40	.005	\$ 107.79	\$.18
HOSPITAL BASED	240	754	26,265.64	34.84	.005	109.44	.17
INDEPENDENT FACILITY	7	20	359.57	17.98	.000	51.37	.00
@LABORATORY FACILITY	5,067	21,286	\$ 239,499.68	\$ 11.25	.141	\$ 47.27	\$ 1.58
PATHOLOGY	5,041	21,238	238,701.63	11.24	.140	47.35	1.58
XO AND OTHERS	26	48	798.05	16.63	.000	30.69	.01
@ORGANIZED OUTPATIENT CLINIC	25,816	41,571	\$ 5,249,872.07	\$ 126.29	.275	\$ 203.36	\$ 34.71
CLINIC	836	3,295	74,464.83	22.60	.022	89.07	.49
SURGICENTER	347	1,397	52,615.00	37.66	.009	151.63	.35
HEROIN DETOX CLINIC	20	200	2,295.54	11.48	.001	114.78	.02
RURAL HEALTH CLINIC	24,882	36,679	5,120,496.70	139.60	.243	205.79	33.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,100

MOP024
MADERA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

151,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,688	1,477,802	\$ 1,581,958.20	\$ 1.07	9.771	\$ 135.35	\$ 10.46
DURABLE MED. EQUIP.	737	1,984	275,328.01	138.77	.013	373.58	1.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	69	105	31,324.62	298.33	.001	453.98	.21
MEDICAL TRANSPORTATION	1,608	71,241	396,177.13	5.56	.471	246.38	2.62
AMBULANCES/AIR TRANS	1,279	21,351	225,475.73	10.56	.141	176.29	1.49
OTHER TRANS	318	49,191	154,297.79	3.14	.325	485.21	1.02
OTHER SERVICES	65	699	16,403.61	23.47	.005	252.36	.11
ACUPUNCTURE	14	33	567.69	17.20	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.009	1013.87	.61
GENETIC DISEASE TESTING	89	89	9,345.00	105.00	.001	105.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	203	1,068	76,788.44	71.90	.007	378.27	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,168	4,843	52,941.88	10.93	.032	24.42	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	28	59	727.25	12.33	.000	25.97	.00
PROSTHETIST/ORTHOTISTS	121	346	43,672.84	126.22	.002	360.93	.29
PROSTHETICS	119	344	43,589.93	126.71	.002	366.30	.29
ORTHOTICS	2	2	82.91	41.46	.000	41.46	.00
PSYCHOLOGIST	24	89	5,420.22	60.90	.001	225.84	.04
SPEECH AND AUDIOLOGY	211	572	56,525.23	98.82	.004	267.89	.37
HOSPICE SERVICES	7	194	23,604.55	121.67	.001	3372.08	.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,505	51,354	275,417.14	5.36	.340	78.58	1.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,486	1,344,496	241,855.62	.18	8.889	69.38	1.60
@CALIF. CHILDREN SERVICES*	1,549	41,351	\$ 3,587,426.79	\$ 86.76	.273	\$ 2315.96	\$ 23.72
@XOVER EXCLUDING STATE HOSP**	9,397	104,665	\$ 1,265,056.37	\$ 12.09	.692	\$ 134.62	\$ 8.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,101
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,981	8,442	\$ 1,243,946.07	\$ 147.35	2.768	\$ 627.94	\$ 407.85
@PHYSICIANS SERVICES	974	2,416	\$ 110,294.62	\$ 45.65	.792	\$ 113.24	\$ 36.16
OUTPATIENT VISITS	834	1,280	40,110.43	31.34	.420	48.09	13.15
OFFICE VISITS	725	1,114	31,360.48	28.15	.365	43.26	10.28
HOME VISITS	1	1	87.39	87.39	.000	87.39	.03
EMERGENCY ROOM	125	144	7,862.56	54.60	.047	62.90	2.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	21	800.00	38.10	.007	53.33	.26
INPATIENT VISITS	64	491	48,812.77	99.42	.161	762.70	16.00
HOSPITAL VISITS	51	276	15,612.65	56.57	.090	306.13	5.12
CRITICAL CARE	19	212	33,047.82	155.89	.070	1739.36	10.84
SNF/ICF/TRANS IP CARE	2	3	152.30	50.77	.001	76.15	.05
OPHTHALMOLOGICAL SERVICES	3	5	209.75	41.95	.002	69.92	.07
EXAMINATIONS	3	5	209.75	41.95	.002	69.92	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	61	9,277.20	152.09	.020	618.48	3.04
PRINCIPAL SURGEON	12	20	8,017.72	400.89	.007	668.14	2.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41	1,259.48	30.72	.013	314.87	.41
OUTPATIENT SURGERY	21	34	2,037.14	59.92	.011	97.01	.67
PRINCIPAL SURGEON	17	19	1,510.63	79.51	.006	88.86	.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	15	526.51	35.10	.005	105.30	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	77	89	793.06	8.91	.029	10.30	.26
RADIOLOGY	121	271	3,405.67	12.57	.089	28.15	1.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	36.47	9.12	.001	9.12	.01
OTHER SERVICES/ALL X-OVERS	104	181	5,612.13	31.01	.059	53.96	1.84
@PHARMACY	1,148	3,419	\$ 102,278.28	\$ 29.91	1.121	\$ 89.09	\$ 33.53
PRESCRIPTION DRUGS	1,137	3,196	91,693.89	28.69	1.048	80.65	30.06
SNF/ICF	8	40	2,779.16	69.48	.013	347.40	.91
OUTPATIENTS	1,130	3,156	88,914.73	28.17	1.035	78.69	29.15
MEDICAL SUPPLIES	99	223	10,584.39	47.46	.073	106.91	3.47
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004					PAGE 6,102	
MOP024	FEE-FOR-SERVICE/DENTAL					03/14/05	
MADERA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS					AID CODES 47 69	
					----- MONTHLY AVERAGE -----		
3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1 \$	47.45	\$ 47.45	.000	\$ 47.45	\$.02
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.02
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	203CR \$	5,620.01CR	\$ 27.68	.067CR	\$ 1873.34CR	\$ 1.84CR
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	297	1,384 \$	878,470.63	\$ 634.73	.454	\$ 2957.81	\$ 288.02
HOSP INPATIENT TOTAL	49	477	853,307.03	1788.90	.156	17414.43	279.77
HSC HOSPITALS	48	450	847,299.80	1882.89	.148	17652.08	277.80
NON-HSC HOSPITAL TOTAL	1	27	6,007.23	222.49	.009	6007.23	1.97
ACCOMMODATIONS	1	27	4,763.20	176.41	.009	4763.20	1.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	27	4,763.20	176.41	.009	4763.20	1.56
ANCILLARIES	1	0	1,244.03	.00	.000	1244.03	.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	259	907	25,163.60	27.74	.297	97.16	8.25
MEDICAL	74	102	4,372.80	42.87	.033	59.09	1.43
SURGERY	34	45	1,895.66	42.13	.015	55.75	.62
PATHOLOGY	76	280	2,972.02	10.61	.092	39.11	.97
RADIOLOGY	71	87	3,974.50	45.68	.029	55.98	1.30
ROOM USE	179	232	9,109.93	39.27	.076	50.89	2.99
CROSSOVERS/ALL OTH OUTPTNT	108	161	2,838.69	17.63	.053	26.28	.93
@COUNTY HOSPITAL TOTAL	5	8 \$	224.04	\$ 28.01	.003	\$ 44.81	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	8	224.04	28.01	.003	44.81	.07
MEDICAL	4	4	133.59	33.40	.001	33.40	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	72.70	36.35	.001	36.35	.02
CROSSOVERS/ALL OTH OUTPTNT	1	2	17.75	8.88	.001	17.75	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,103
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	292		1,376	\$ 878,246.59	\$ 638.26	.451	\$ 3007.69	\$ 287.95
COMM HOSP INPATIENT TOTAL	49		477	853,307.03	1788.90	.156	17414.43	279.77
HSC HOSPITALS	48		450	847,299.80	1882.89	.148	17652.08	277.80
NON-HSC HOSPITALS TOTAL	1		27	6,007.23	222.49	.009	6007.23	1.97
ACCOMMODATIONS	1		27	4,763.20	176.41	.009	4763.20	1.56
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		27	4,763.20	176.41	.009	4763.20	1.56
ANCILLARIES	1		0	1,244.03	.00	.000	1244.03	.41
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	254		899	24,939.56	27.74	.295	98.19	8.18
MEDICAL	70		98	4,239.21	43.26	.032	60.56	1.39
SURGERY	34		45	1,895.66	42.13	.015	55.75	.62
PATHOLOGY	76		280	2,972.02	10.61	.092	39.11	.97
RADIOLOGY	71		87	3,974.50	45.68	.029	55.98	1.30
ROOM USE	177		230	9,037.23	39.29	.075	51.06	2.96
CROSSOVERS/ALL OTH OUTPTNT	107		159	2,820.94	17.74	.052	26.36	.92
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	8		187	\$ 79,295.57	\$ 424.04	.061	\$ 9911.95	\$ 26.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	8		187	79,295.57	424.04	.061	9911.95	26.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1		2	\$ 284.65	\$ 142.33	.001	\$ 284.65	\$.09
HOSPITAL BASED	1		2	284.65	142.33	.001	284.65	.09
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16		28	\$ 260.81	\$ 9.31	.009	\$ 16.30	\$.09
PATHOLOGY	16		28	260.81	9.31	.009	16.30	.09
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	403	536	\$	67,542.05	\$	126.01	.176	\$	167.60	\$	22.14
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	403	536		67,542.05		126.01	.176		167.60		22.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,104
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24		672	\$ 11,092.02	\$ 16.51	.220	\$ 462.17	\$ 3.64
DURABLE MED. EQUIP.	1		1	99.98	99.98	.000	99.98	.03
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21		392	6,879.35	17.55	.129	327.59	2.26
AMBULANCES/AIR TRANS	21		391	5,079.35	12.99	.128	241.87	1.67
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.59
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	1		278	4,088.03	14.71	.091	4088.03	1.34
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1		1	24.66	24.66	.000	24.66	.01
@CALIF. CHILDREN SERVICES*	71		2,285	\$ 759,872.20	\$ 332.55	.749	\$ 10702.43	\$ 249.14
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,105
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	3,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS			18,502	\$ 2,285,116.67	\$ 123.51	5.520	\$ 716.34	\$ 681.72
@PHYSICIANS SERVICES		1,809	7,172	\$ 485,777.26	\$ 67.73	2.140	\$ 268.53	\$ 144.92
OUTPATIENT VISITS		1,012	3,423	121,324.68	35.44	1.021	119.89	36.19
OFFICE VISITS		197	244	8,868.20	36.35	.073	45.02	2.65
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		132	145	9,121.68	62.91	.043	69.10	2.72

PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.02
OB VISITS/COMPRE PERI	750	3,029	103,119.53	34.04	.904	137.49	30.76
OTHER OUTPATIENT	2	4	146.54	36.64	.001	73.27	.04
INPATIENT VISITS	261	745	47,663.75	63.98	.222	182.62	14.22
HOSPITAL VISITS	247	568	23,667.37	41.67	.169	95.82	7.06
CRITICAL CARE	19	177	23,996.38	135.57	.053	1262.97	7.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	4	169.89	42.47	.001	84.95	.05
EXAMINATIONS	2	4	169.89	42.47	.001	84.95	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	428	1,366	262,540.39	192.20	.408	613.41	78.32
PRINCIPAL SURGEON	315	350	230,499.33	658.57	.104	731.74	68.76
ASSISTANT SURGEON	68	67	12,146.56	181.29	.020	178.63	3.62
ANESTHESIOLOGIST	113	949	19,894.50	20.96	.283	176.06	5.94
OUTPATIENT SURGERY	73	139	7,858.12	56.53	.041	107.65	2.34
PRINCIPAL SURGEON	60	88	5,939.54	67.49	.026	98.99	1.77
ASSISTANT SURGEON	2	2	279.58	139.79	.001	139.79	.08
ANESTHESIOLOGIST	19	49	1,639.00	33.45	.015	86.26	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	402	658	9,965.17	15.14	.196	24.79	2.97
RADIOLOGY	433	587	25,058.51	42.69	.175	57.87	7.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	31	1,511.26	48.75	.009	60.45	.45
OTHER SERVICES/ALL X-OVERS	121	219	9,685.49	44.23	.065	80.05	2.89
@PHARMACY	984	2,029	\$ 50,845.27	\$ 25.06	.605	\$ 51.67	\$ 15.17
PRESCRIPTION DRUGS	943	1,837	40,885.80	22.26	.548	43.36	12.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	943	1,837	40,885.80	22.26	.548	43.36	12.20
MEDICAL SUPPLIES	99	192	9,959.47	51.87	.057	100.60	2.97
@DENTIST	9	45	\$ 497.00	\$ 11.04	.013	\$ 55.22	\$.15
VISITS - DIAGNOSTIC	7	31	190.00	6.13	.009	27.14	.06
ORAL SURGERY	2	2	85.00	42.50	.001	42.50	.03

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	11	222.00	20.18	.003	111.00	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,106
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	31	\$	2,156.59	\$ 69.57	.009	\$ 359.43	\$.64
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	10	\$	690.25	\$ 69.03	.003	\$ 345.13	\$.21
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,201	4,199	\$	1,343,632.03	\$ 319.99	1.253	\$ 1118.76	\$ 400.84
HOSP INPATIENT TOTAL	294	1,149		1,273,537.50	1108.39	.343	4331.76	379.93
HSC HOSPITALS	171	563		860,630.10	1528.65	.168	5032.92	256.75
NON-HSC HOSPITAL TOTAL	126	586		412,907.40	704.62	.175	3277.04	123.18
ACCOMMODATIONS	126	586		168,483.74	287.51	.175	1337.17	50.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	126	586		168,483.74	287.51	.175	1337.17	50.26
ANCILLARIES	126	0		244,423.66	.00	.000	1939.87	72.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,004	3,050		70,094.53	22.98	.910	69.82	20.91
MEDICAL	48	64		3,428.97	53.58	.019	71.44	1.02
SURGERY	54	77		2,429.70	31.55	.023	44.99	.72
PATHOLOGY	542	1,677		17,977.14	10.72	.500	33.17	5.36
RADIOLOGY	169	180		13,188.68	73.27	.054	78.04	3.93
ROOM USE	334	532		21,025.14	39.52	.159	62.95	6.27
CROSSOVERS/ALL OTH OUTPTNT	329	520		12,044.90	23.16	.155	36.61	3.59
@COUNTY HOSPITAL TOTAL	1	3	\$	4,056.03	\$ 1352.01	.001	\$ 4056.03	\$ 1.21
CO HOSPITAL INPATIENT TOTAL	1	3		4,056.03	1352.01	.001	4056.03	1.21
HSC HOSPITALS	1	3		4,056.03	1352.01	.001	4056.03	1.21

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,107
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,200		4,196 \$	1,339,576.00	\$ 319.25	1.252	\$ 1116.31	\$ 399.63
COMM HOSP INPATIENT TOTAL	293		1,146	1,269,481.47	1107.75	.342	4332.70	378.72
HSC HOSPITALS	170		560	856,574.07	1529.60	.167	5038.67	255.54
NON-HSC HOSPITALS TOTAL	126		586	412,907.40	704.62	.175	3277.04	123.18
ACCOMMODATIONS	126		586	168,483.74	287.51	.175	1337.17	50.26
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	126		586	168,483.74	287.51	.175	1337.17	50.26
ANCILLARIES	126		0	244,423.66	.00	.000	1939.87	72.92
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,004		3,050	70,094.53	22.98	.910	69.82	20.91
MEDICAL	48		64	3,428.97	53.58	.019	71.44	1.02
SURGERY	54		77	2,429.70	31.55	.023	44.99	.72
PATHOLOGY	542		1,677	17,977.14	10.72	.500	33.17	5.36
RADIOLOGY	169		180	13,188.68	73.27	.054	78.04	3.93
ROOM USE	334		532	21,025.14	39.52	.159	62.95	6.27
CROSSOVERS/ALL OTH OUTPTNT	329		520	12,044.90	23.16	.155	36.61	3.59
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	1		82 \$	8,778.92	\$ 107.06	.024	\$ 8778.92	\$ 2.62
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	1		82	8,778.92	107.06	.024	8778.92	2.62
@INTERMEDIATE CARE FACIL.-DD	0		0 \$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	641	1,642	\$	27,945.18	\$	17.02	.490	\$	43.60	\$	8.34
PATHOLOGY	633	1,629		27,171.68		16.68	.486		42.93		8.11
XO AND OTHERS	13	13		773.50		59.50	.004		59.50		.23
@ORGANIZED OUTPATIENT CLINIC	898	2,345	\$	336,846.58	\$	143.64	.700	\$	375.11	\$	100.49
CLINIC	158	611		19,660.27		32.18	.182		124.43		5.87
SURGICENTER	1	1		29.63		29.63	.000		29.63		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	800	1,733		317,156.68		183.01	.517		396.45		94.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,108
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,352 ELIGIBLES							
@ALL OTHER PROVIDERS	224	947	\$ 27,947.59	\$ 29.51	.283	\$ 124.77	\$ 8.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	41	760	8,839.75	11.63	.227	215.60	2.64
AMBULANCES/AIR TRANS	41	759	7,564.75	9.97	.226	184.51	2.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.000	1275.00	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	174	174	18,150.00	104.31	.052	104.31	5.41
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	13	957.84	73.68	.004	87.08	.29
PROSTHETICS	10	12	861.34	71.78	.004	86.13	.26
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	3,314	\$ 288,111.02	\$ 86.94	.989	\$ 20579.36	\$ 85.95
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,109
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13 ELIGIBLES							

@TOTAL, ALL PROVIDERS	65	213	\$	22,165.13	\$	104.06	16.385	\$	341.00	\$	1705.01
@PHYSICIANS SERVICES	34	83	\$	2,821.18	\$	33.99	6.385	\$	82.98	\$	217.01
OUTPATIENT VISITS	27	53		1,580.97		29.83	4.077		58.55		121.61
OFFICE VISITS	9	9		234.61		26.07	.692		26.07		18.05
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		313.13		78.28	.308		78.28		24.09
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	14	38		996.49		26.22	2.923		71.18		76.65
OTHER OUTPATIENT	1	2		36.74		18.37	.154		36.74		2.83
INPATIENT VISITS	3	8		279.77		34.97	.615		93.26		21.52
HOSPITAL VISITS	3	8		279.77		34.97	.615		93.26		21.52
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		93.08		93.08	.077		93.08		7.16
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	1	1		93.08		93.08	.077		93.08		7.16
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		466.12		466.12	.077		466.12		35.86
PRINCIPAL SURGEON	1	1		466.12		466.12	.077		466.12		35.86
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	10		121.84		12.18	.769		17.41		9.37
RADIOLOGY	3	3		38.85		12.95	.231		12.95		2.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		109.54		54.77	.154		54.77		8.43
OTHER SERVICES/ALL X-OVERS	5	5		131.01		26.20	.385		26.20		10.08
@PHARMACY	5	21	\$	318.76	\$	15.18	1.615	\$	63.75	\$	24.52
PRESCRIPTION DRUGS	2	2		295.00		147.50	.154		147.50		22.69
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	2		295.00		147.50	.154		147.50		22.69
MEDICAL SUPPLIES	3	19		23.76		1.25	1.462		7.92		1.83
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,110
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.077	\$	74.86	\$	5.76
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	14	60	\$	11,726.14	\$	195.44	4.615	\$	837.58	\$	902.01
HOSP INPATIENT TOTAL	2	8		10,082.33		1260.29	.615		5041.17		775.56
HSC HOSPITALS	1	4		7,875.00		1968.75	.308		7875.00		605.77
NON-HSC HOSPITAL TOTAL	1	4		2,207.33		551.83	.308		2207.33		169.79
ACCOMMODATIONS	1	4		1,188.30		297.08	.308		1188.30		91.41
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,188.30		297.08	.308		1188.30		91.41
ANCILLARIES	1	0		1,019.03		.00	.000		1019.03		78.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13	52		1,643.81		31.61	4.000		126.45		126.45
MEDICAL	4	4		109.71		27.43	.308		27.43		8.44
SURGERY	2	2		303.69		151.85	.154		151.85		23.36
PATHOLOGY	4	13		193.85		14.91	1.000		48.46		14.91

RADIOLOGY	2	2	51.18	25.59	.154	25.59	3.94
ROOM USE	9	15	748.47	49.90	1.154	83.16	57.57
CROSSOVERS/ALL OTH OUTPTNT	8	16	236.91	14.81	1.231	29.61	18.22
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,111
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	60	\$ 11,726.14	\$ 195.44	4.615	\$ 837.58	\$ 902.01
COMM HOSP INPATIENT TOTAL	2	8	10,082.33	1260.29	.615	5041.17	775.56
HSC HOSPITALS	1	4	7,875.00	1968.75	.308	7875.00	605.77
NON-HSC HOSPITALS TOTAL	1	4	2,207.33	551.83	.308	2207.33	169.79
ACCOMMODATIONS	1	4	1,188.30	297.08	.308	1188.30	91.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,188.30	297.08	.308	1188.30	91.41
ANCILLARIES	1	0	1,019.03	.00	.000	1019.03	78.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	52	1,643.81	31.61	4.000	126.45	126.45
MEDICAL	4	4	109.71	27.43	.308	27.43	8.44
SURGERY	2	2	303.69	151.85	.154	151.85	23.36
PATHOLOGY	4	13	193.85	14.91	1.000	48.46	14.91
RADIOLOGY	2	2	51.18	25.59	.154	25.59	3.94
ROOM USE	9	15	748.47	49.90	1.154	83.16	57.57
CROSSOVERS/ALL OTH OUTPTNT	8	16	236.91	14.81	1.231	29.61	18.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	21	\$ 544.59	\$ 25.93	1.615	\$ 49.51	\$ 41.89
PATHOLOGY	11	21	544.59	25.93	1.615	49.51	41.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	27	\$ 6,679.60	\$ 247.39	2.077	\$ 392.92	\$ 513.82
CLINIC	2	3	164.46	54.82	.231	82.23	12.65
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	24	6,515.14	271.46	1.846	434.34	501.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MADERA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
				AID CODE 76			

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13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

6,415 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
							UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	5,236	27,157	\$	3,551,227.87	\$	130.77	4.233	\$ 678.23	\$ 553.58
@PHYSICIANS SERVICES	2,817	9,671	\$	598,893.06	\$	61.93	1.508	\$ 212.60	\$ 93.36
OUTPATIENT VISITS	1,873	4,756		163,016.08		34.28	.741	87.03	25.41
OFFICE VISITS	931	1,367		40,463.29		29.60	.213	43.46	6.31
HOME VISITS	1	1		87.39		87.39	.000	87.39	.01
EMERGENCY ROOM	261	293		17,297.37		59.04	.046	66.27	2.70
PREVENTIVE CARE	1	1		68.73		68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	764	3,067		104,116.02		33.95	.478	136.28	16.23
OTHER OUTPATIENT	18	27		983.28		36.42	.004	54.63	.15
INPATIENT VISITS	328	1,244		96,756.29		77.78	.194	294.99	15.08
HOSPITAL VISITS	301	852		39,559.79		46.43	.133	131.43	6.17
CRITICAL CARE	38	389		57,044.20		146.64	.061	1501.16	8.89
SNF/ICF/TRANS IP CARE	2	3		152.30		50.77	.000	76.15	.02
OPHTHALMOLOGICAL SERVICES	5	9		379.64		42.18	.001	75.93	.06
EXAMINATIONS	5	9		379.64		42.18	.001	75.93	.06
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	444	1,428		271,910.67		190.41	.223	612.41	42.39
PRINCIPAL SURGEON	327	370		238,517.05		644.64	.058	729.41	37.18
ASSISTANT SURGEON	69	68		12,239.64		179.99	.011	177.39	1.91
ANESTHESIOLOGIST	117	990		21,153.98		21.37	.154	180.80	3.30
OUTPATIENT SURGERY	95	174		10,361.38		59.55	.027	109.07	1.62
PRINCIPAL SURGEON	78	108		7,916.29		73.30	.017	101.49	1.23
ASSISTANT SURGEON	2	2		279.58		139.79	.000	139.79	.04
ANESTHESIOLOGIST	24	64		2,165.51		33.84	.010	90.23	.34
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	486	757		10,880.07		14.37	.118	22.39	1.70
RADIOLOGY	557	861		28,503.03		33.10	.134	51.17	4.44
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	37		1,657.27		44.79	.006	53.46	.26
OTHER SERVICES/ALL X-OVERS	230	405		15,428.63		38.10	.063	67.08	2.41
@PHARMACY	2,137	5,469	\$	153,442.31	\$	28.06	.853	\$ 71.80	\$ 23.92
PRESCRIPTION DRUGS	2,082	5,035		132,874.69		26.39	.785	63.82	20.71
SNF/ICF	8	40		2,779.16		69.48	.006	347.40	.43
OUTPATIENTS	2,075	4,995		130,095.53		26.05	.779	62.70	20.28
MEDICAL SUPPLIES	201	434		20,567.62		47.39	.068	102.33	3.21
@DENTIST	9	45	\$	497.00	\$	11.04	.007	\$ 55.22	\$.08
VISITS - DIAGNOSTIC	7	31		190.00		6.13	.005	27.14	.03
ORAL SURGERY	2	2		85.00		42.50	.000	42.50	.01
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	11		222.00		20.18	.002	111.00	.03
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

6,415 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1		1	\$	47.45	\$ 47.45	.000	\$ 47.45	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		1		47.45	47.45	.000	47.45	.01
EYE APPLIANCES	0	0		0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0		0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		0		.00	.00	.000	.00	.00
@PODIATRIST	0	0		0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		0		.00	.00	.000	.00	.00
OTHER	0	0		0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	171	CR	171	\$	3,388.56	CR \$ 19.82	.027	CR \$ 338.86	CR \$.53
NURSE ANESTHESIST	0	0		0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	10		10	\$	690.25	\$ 69.03	.002	\$ 345.13	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0		0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0		0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,512	5,643		5,643	\$	2,233,828.80	\$ 395.86	.880	\$ 1477.40	\$ 348.22
HOSP INPATIENT TOTAL	345	1,634		1,634		2,136,926.86	1307.79	.255	6193.99	333.11
HSC HOSPITALS	220	1,017		1,017		1,715,804.90	1687.12	.159	7799.11	267.47
NON-HSC HOSPITAL TOTAL	128	617		617		421,121.96	682.53	.096	3290.02	65.65
ACCOMMODATIONS	128	617		617		174,435.24	282.72	.096	1362.78	27.19
ADMINISTRATIVE DAYS	0	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	128	617		617		174,435.24	282.72	.096	1362.78	27.19
ANCILLARIES	128	0		0		246,686.72	.00	.000	1927.24	38.45
INPATIENT CROSSOVERS	0	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,276	4,009		4,009		96,901.94	24.17	.625	75.94	15.11
MEDICAL	126	170		170		7,911.48	46.54	.027	62.79	1.23
SURGERY	90	124		124		4,629.05	37.33	.019	51.43	.72
PATHOLOGY	622	1,970		1,970		21,143.01	10.73	.307	33.99	3.30
RADIOLOGY	242	269		269		17,214.36	63.99	.042	71.13	2.68
ROOM USE	522	779		779		30,883.54	39.65	.121	59.16	4.81
CROSSOVERS/ALL OTH OUTPTNT	445	697		697		15,120.50	21.69	.109	33.98	2.36
@COUNTY HOSPITAL TOTAL	6	11		11	\$	4,280.07	\$ 389.10	.002	\$ 713.35	\$.67
CO HOSPITAL INPATIENT TOTAL	1	3		3		4,056.03	1352.01	.000	4056.03	.63
HSC HOSPITALS	1	3		3		4,056.03	1352.01	.000	4056.03	.63
NON-HSC HOSPITALS TOTAL	0	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	8		8		224.04	28.01	.001	44.81	.03
MEDICAL	4	4		4		133.59	33.40	.001	33.40	.02
SURGERY	0	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		0		.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	72.70	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPTNT	1	2	17.75	8.88	.000	17.75	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,115

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	6,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,506	5,632	\$ 2,229,548.73	\$ 395.87	.878	\$ 1480.44	\$ 347.55	
COMM HOSP INPATIENT TOTAL	344	1,631	2,132,870.83	1307.71	.254	6200.21	332.48	
HSC HOSPITALS	219	1,014	1,711,748.87	1688.12	.158	7816.20	266.84	
NON-HSC HOSPITALS TOTAL	128	617	421,121.96	682.53	.096	3290.02	65.65	
ACCOMMODATIONS	128	617	174,435.24	282.72	.096	1362.78	27.19	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	128	617	174,435.24	282.72	.096	1362.78	27.19	
ANCILLARIES	128	0	246,686.72	.00	.000	1927.24	38.45	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,271	4,001	96,677.90	24.16	.624	76.06	15.07	
MEDICAL	122	166	7,777.89	46.85	.026	63.75	1.21	
SURGERY	90	124	4,629.05	37.33	.019	51.43	.72	
PATHOLOGY	622	1,970	21,143.01	10.73	.307	33.99	3.30	
RADIOLOGY	242	269	17,214.36	63.99	.042	71.13	2.68	
ROOM USE	520	777	30,810.84	39.65	.121	59.25	4.80	
CROSSOVERS/ALL OTH OUTPTNT	444	695	15,102.75	21.73	.108	34.02	2.35	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	82	\$ 8,778.92	\$ 107.06	.013	\$ 8778.92	\$ 1.37	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	82	8,778.92	107.06	.013	8778.92	1.37
@INTERMEDIATE CARE FACIL.-DD	8	187	\$ 79,295.57	\$ 424.04	.029	\$ 9911.95	\$ 12.36
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	8	187	79,295.57	424.04	.029	9911.95	12.36
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$ 284.65	\$ 142.33	.000	\$ 284.65	\$.04
HOSPITAL BASED	1	2	284.65	142.33	.000	284.65	.04
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	668	1,691	\$ 28,750.58	\$ 17.00	.264	\$ 43.04	\$ 4.48
PATHOLOGY	660	1,678	27,977.08	16.67	.262	42.39	4.36
XO AND OTHERS	13	13	773.50	59.50	.002	59.50	.12
@ORGANIZED OUTPATIENT CLINIC	1,318	2,908	\$ 411,068.23	\$ 141.36	.453	\$ 311.89	\$ 64.08
CLINIC	160	614	19,824.73	32.29	.096	123.90	3.09
SURGICENTER	1	1	29.63	29.63	.000	29.63	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,218	2,293	391,213.87	170.61	.357	321.19	60.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MADERA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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6,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	248	1,619	\$ 39,039.61	\$ 24.11	.252	\$ 157.42	\$ 6.09
DURABLE MED. EQUIP.	1	1	99.98	99.98	.000	99.98	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	62	1,152	15,719.10	13.65	.180	253.53	2.45
AMBULANCES/AIR TRANS	62	1,150	12,644.10	10.99	.179	203.94	1.97
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	174	174	18,150.00	104.31	.027	104.31	2.83
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	13	957.84	73.68	.002	87.08	.15
PROSTHETICS	10	12	861.34	71.78	.002	86.13	.13
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	1	278	4,088.03	14.71	.043	4088.03	.64
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	1	24.66	24.66	.000	24.66	.00
@CALIF. CHILDREN SERVICES*	85	5,599	\$ 1,047,983.22	\$ 187.17	.873	\$ 12329.21	\$ 163.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

1,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,777	202,955	\$ 835,503.13	\$ 4.12	102.606	\$ 470.18	\$ 422.40
@PHYSICIANS SERVICES	433	1,127	\$ 13,824.94	\$ 12.27	.570	\$ 31.93	\$ 6.99
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	12	192.04	16.00	.006	14.77	.10
EXAMINATIONS	13	12	192.04	16.00	.006	14.77	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	426	1,115	13,632.90	12.23	.564	32.00	6.89
@PHARMACY	1,576	102,294	\$ 583,497.15	\$ 5.70	51.716	\$ 370.24	\$ 294.99
PRESCRIPTION DRUGS	1,551	7,637	555,854.45	72.78	3.861	358.38	281.02
SNF/ICF	27	150	9,544.48	63.63	.076	353.50	4.83
OUTPATIENTS	1,529	7,487	546,309.97	72.97	3.785	357.30	276.19
MEDICAL SUPPLIES	299	94,657	27,642.70	.29	47.855	92.45	13.98
@DENTIST	118	381	\$ 16,971.00	\$ 44.54	.193	\$ 143.82	\$ 8.58
VISITS - DIAGNOSTIC	69	224	2,481.00	11.08	.113	35.96	1.25
ORAL SURGERY	15	29	1,706.00	58.83	.015	113.73	.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	9	843.00	93.67	.005	93.67	.43
ENDODONTICS	2	3	471.00	157.00	.002	235.50	.24
RESTORATIVE DENTISTRY	21	43	3,670.00	85.35	.022	174.76	1.86
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.03

DENTURES, STAYPLATES	38	69	7,740.00	112.17	.035	203.68	3.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,118
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	29	61	\$ 1,451.38	\$ 23.79	.031	\$ 50.05	\$.73
DIAGNOSTIC AND ANC. PROCED	4	4	102.91	25.73	.002	25.73	.05
EYE APPLIANCES	15	40	711.74	17.79	.020	47.45	.36
OTHER OPTOMETRIC SERVICES	11	17	636.73	37.45	.009	57.88	.32
@CHIROPRACTOR	5	8	\$ 91.49	\$ 11.44	.004	\$ 18.30	\$.05
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	8	91.49	11.44	.004	18.30	.05
@PODIATRIST	38	65	\$ 671.23	\$ 10.33	.033	\$ 17.66	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	38	65	671.23	10.33	.033	17.66	.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	\$ 21.25	\$ 7.08	.002	\$ 21.25	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	141	695	\$ 34,516.25	\$ 49.66	.351	\$ 244.80	\$ 17.45
HOSP INPATIENT TOTAL	25	0	19,977.47	.00	.000	799.10	10.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	0	19,977.47	.00	.000	799.10	10.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	125	695	14,538.78	20.92	.351	116.31	7.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	125	695	14,538.78	20.92	.351	116.31	7.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,119
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	141		695	\$ 34,516.25	\$ 49.66	.351	\$ 244.80	\$ 17.45
COMM HOSP INPATIENT TOTAL	25		0	19,977.47	.00	.000	799.10	10.10
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25		0	19,977.47	.00	.000	799.10	10.10
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	125		695	14,538.78	20.92	.351	116.31	7.35
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	125		695	14,538.78	20.92	.351	116.31	7.35
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	27		624	\$ 116,007.83	\$ 185.91	.315	\$ 4296.59	\$ 58.65
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	27		624	116,007.83	185.91	.315	4296.59	58.65
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1		1	\$ 3.85	\$ 3.85	.001	\$ 3.85	\$.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
XO AND OTHERS	1		1	3.85	3.85	.001	3.85	.00

@ORGANIZED OUTPATIENT CLINIC	289	452	\$	13,516.81	\$	29.90	.229	\$	46.77	\$	6.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		403.74		134.58	.002		134.58		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	286	449		13,113.07		29.21	.227		45.85		6.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,120

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	423	97,244	\$ 54,929.95	\$.56	49.163	\$ 129.86	\$ 27.77
DURABLE MED. EQUIP.	6	9	257.52	28.61	.005	42.92	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	25	6,878.22	275.13	.013	404.60	3.48
MEDICAL TRANSPORTATION	17	190	1,610.07	8.47	.096	94.71	.81
AMBULANCES/AIR TRANS	8	94	1,162.58	12.37	.048	145.32	.59
OTHER TRANS	8	88	398.60	4.53	.044	49.83	.20
OTHER SERVICES	1	8	48.89	6.11	.004	48.89	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	55	172	19,198.44	111.62	.087	349.06	9.71
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	48	122	1,411.88	11.57	.062	29.41	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	90.21	30.07	.002	45.11	.05
PROSTHETICS	2	3	90.21	30.07	.002	45.11	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	14	4,088.81	292.06	.007	408.88	2.07

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	315	96,709		21,394.80	.22	48.892	67.92	10.82
@CALIF. CHILDREN SERVICES*	1	1	\$	25.00	\$	25.00	\$	25.00
@XOVER EXCLUDING STATE HOSP**	807	16,043	\$	96,659.46	\$	6.03	8.111	\$ 119.78 \$ 48.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,121

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	111	\$ 6,821.13	\$ 61.45	3.364	\$ 324.82	\$ 206.70
@PHYSICIANS SERVICES	5	7	\$ 171.88	\$ 24.55	.212	\$ 34.38	\$ 5.21
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	7	171.88	24.55	.212	34.38	5.21
@PHARMACY	18	85	\$ 6,362.10	\$ 74.85	2.576	\$ 353.45	\$ 192.79
PRESCRIPTION DRUGS	18	85	6,362.10	74.85	2.576	353.45	192.79
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	18	85	6,362.10	74.85	2.576	353.45	192.79
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 185.00	\$ 46.25	.121	\$ 92.50	\$ 5.61
VISITS - DIAGNOSTIC	1	3	45.00	15.00	.091	45.00	1.36
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.030	140.00	4.24
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,122
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,123
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,124
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33 ELIGIBLES							
@ALL OTHER PROVIDERS	6	15	\$ 102.15	\$ 6.81	.455	\$ 17.03	\$ 3.10
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.08	8.27	.121	33.08	1.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11	69.07	6.28	.333	13.81	2.09
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	8	15	\$ 187.84	\$ 12.52	.455	\$ 23.48	\$ 5.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,125
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
744 ELIGIBLES							

@TOTAL, ALL PROVIDERS	685	13,659	\$	327,669.09	\$	23.99	18.359	\$	478.35	\$	440.42
@PHYSICIANS SERVICES	141	402	\$	7,200.49	\$	17.91	.540	\$	51.07	\$	9.68
OUTPATIENT VISITS	7	11		342.93		31.18	.015		48.99		.46
OFFICE VISITS	6	8		224.39		28.05	.011		37.40		.30
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.001		68.35		.09
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	2		50.19		25.10	.003		50.19		.07
INPATIENT VISITS	1	5		356.71		71.34	.007		356.71		.48
HOSPITAL VISITS	1	5		356.71		71.34	.007		356.71		.48
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	7	7		146.44		20.92	.009		20.92		.20
EXAMINATIONS	7	7		146.44		20.92	.009		20.92		.20
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	78		395.79		5.07	.105		197.90		.53
PRINCIPAL SURGEON	1	1		182.56		182.56	.001		182.56		.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	77		213.23		2.77	.103		213.23		.29
OUTPATIENT SURGERY	1	3		266.54		88.85	.004		266.54		.36
PRINCIPAL SURGEON	1	3		266.54		88.85	.004		266.54		.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		22.40		22.40	.001		22.40		.03
RADIOLOGY	3	6		214.68		35.78	.008		71.56		.29
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	128	291		5,455.00		18.75	.391		42.62		7.33
@PHARMACY	599	11,318	\$	247,199.11	\$	21.84	15.212	\$	412.69	\$	332.26
PRESCRIPTION DRUGS	591	2,667		243,783.93		91.41	3.585		412.49		327.67

SNF/ICF	10	179		11,632.68	64.99	.241	1163.27	15.64
OUTPATIENTS	583	2,488		232,151.25	93.31	3.344	398.20	312.03
MEDICAL SUPPLIES	57	8,651		3,415.18	.39	11.628	59.92	4.59
@DENTIST	48	207	\$	5,405.75	\$ 26.11	.278	\$ 112.62	\$ 7.27
VISITS - DIAGNOSTIC	30	132		1,313.50	9.95	.177	43.78	1.77
ORAL SURGERY	6	14		670.25	47.88	.019	111.71	.90
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	5	5		464.00	92.80	.007	92.80	.62
ENDODONTICS	2	3		590.00	196.67	.004	295.00	.79
RESTORATIVE DENTISTRY	14	27		1,227.00	45.44	.036	87.64	1.65
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	24		1,141.00	47.54	.032	142.63	1.53
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,126
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

744 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	40	\$ 977.70	\$ 24.44	.054	\$ 61.11	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	7	8	308.12	38.52	.011	44.02	.41
EYE APPLIANCES	11	28	458.26	16.37	.038	41.66	.62
OTHER OPTOMETRIC SERVICES	2	4	211.32	52.83	.005	105.66	.28
@CHIROPRACTOR	4	7	\$ 117.04	\$ 16.72	.009	\$ 29.26	\$.16
VISITS	3	5	83.60	16.72	.007	27.87	.11
OTHER SERVICES	1	2	33.44	16.72	.003	33.44	.04
@PODIATRIST	9	10	\$ 133.86	\$ 13.39	.013	\$ 14.87	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	10	133.86	13.39	.013	14.87	.18
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	53	153	\$ 6,715.05	\$ 43.89	.206	\$ 126.70	\$ 9.03
HOSP INPATIENT TOTAL	3	0	1,367.82	.00	.000	455.94	1.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	1,367.82	.00	.000	455.94	1.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	50	153	5,347.23	34.95	.206	106.94	7.19
MEDICAL	2	3	96.99	32.33	.004	48.50	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	104.71	9.52	.015	26.18	.14

RADIOLOGY	3	3	222.81	74.27	.004	74.27	.30
ROOM USE	3	9	311.76	34.64	.012	103.92	.42
CROSSOVERS/ALL OTH OUTPTNT	46	127	4,610.96	36.31	.171	100.24	6.20
@COUNTY HOSPITAL TOTAL	1	2	\$ 3.43	\$ 1.72	.003	\$ 3.43	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.43	1.72	.003	3.43	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.43	1.72	.003	3.43	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,127
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

744 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	151	\$ 6,711.62	\$ 44.45	.203	\$ 129.07	\$ 9.02
COMM HOSP INPATIENT TOTAL	3	0	1,367.82	.00	.000	455.94	1.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	1,367.82	.00	.000	455.94	1.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	49	151	5,343.80	35.39	.203	109.06	7.18
MEDICAL	2	3	96.99	32.33	.004	48.50	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	104.71	9.52	.015	26.18	.14
RADIOLOGY	3	3	222.81	74.27	.004	74.27	.30
ROOM USE	3	9	311.76	34.64	.012	103.92	.42
CROSSOVERS/ALL OTH OUTPTNT	45	125	4,607.53	36.86	.168	102.39	6.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	191	\$ 32,663.88	\$ 171.02	.257	\$ 2969.44	\$ 43.90
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	16	2,005.12	125.32	.022	2005.12	2.70
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	175	30,658.76	175.19	.235	3065.88	41.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	19	\$ 10,250.53	\$ 539.50	.026	\$ 683.37	\$ 13.78
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	19	10,250.53	539.50	.026	683.37	13.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 23.23	\$ 7.74	.004	\$ 23.23	\$.03
PATHOLOGY	1	3	23.23	7.74	.004	23.23	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	194	\$ 9,326.14	\$ 48.07	.261	\$ 84.02	\$ 12.54
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	111	194	9,326.14	48.07	.261	84.02	12.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MADERA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

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744 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	1,115	\$ 7,656.31	\$ 6.87	1.499	\$ 127.61	\$ 10.29
DURABLE MED. EQUIP.	1	5	4,536.16	907.23	.007	4536.16	6.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	62	1,008.72	16.27	.083	168.12	1.36
AMBULANCES/AIR TRANS	6	52	909.87	17.50	.070	151.65	1.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	10	98.85	9.89	.013	32.95	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	35	362.66	10.36	.047	24.18	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	756.05	378.03	.003	378.03	1.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	62.40	10.40	.008	62.40	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	1,005	930.32	.93	1.351	23.85	1.25
@CALIF. CHILDREN SERVICES*	3	6	\$ 502.46	\$ 83.74	.008	\$ 167.49	\$.68
@XOVER EXCLUDING STATE HOSP**	231	759	\$ 33,325.46	\$ 43.91	1.020	\$ 144.27	\$ 44.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,132
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,755 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,483	216,725	\$ 1,169,993.35	\$ 5.40	78.666	\$ 471.20	\$ 424.68
@PHYSICIANS SERVICES	579	1,536	\$ 21,197.31	\$ 13.80	.558	\$ 36.61	\$ 7.69
OUTPATIENT VISITS	7	11	342.93	31.18	.004	48.99	.12
OFFICE VISITS	6	8	224.39	28.05	.003	37.40	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2	50.19	25.10	.001	50.19	.02
INPATIENT VISITS	1	5	356.71	71.34	.002	356.71	.13
HOSPITAL VISITS	1	5	356.71	71.34	.002	356.71	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	20	19	338.48	17.81	.007	16.92	.12
EXAMINATIONS	20	19	338.48	17.81	.007	16.92	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	78	395.79	5.07	.028	197.90	.14
PRINCIPAL SURGEON	1	1	182.56	182.56	.000	182.56	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	77	213.23	2.77	.028	213.23	.08
OUTPATIENT SURGERY	1	3	266.54	88.85	.001	266.54	.10
PRINCIPAL SURGEON	1	3	266.54	88.85	.001	266.54	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	22.40	22.40	.000	22.40	.01
RADIOLOGY	3	6	214.68	35.78	.002	71.56	.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	559	1,413	19,259.78	13.63	.513	34.45	6.99
@PHARMACY	2,193	113,697	\$ 837,058.36	\$ 7.36	41.269	\$ 381.70	\$ 303.83
PRESCRIPTION DRUGS	2,160	10,389	806,000.48	77.58	3.771	373.15	292.56
SNF/ICF	37	329	21,177.16	64.37	.119	572.36	7.69
OUTPATIENTS	2,130	10,060	784,823.32	78.01	3.652	368.46	284.87
MEDICAL SUPPLIES	356	103,308	31,057.88	.30	37.498	87.24	11.27
@DENTIST	168	592	\$ 22,561.75	\$ 38.11	.215	\$ 134.30	\$ 8.19
VISITS - DIAGNOSTIC	100	359	3,839.50	10.69	.130	38.40	1.39
ORAL SURGERY	21	43	2,376.25	55.26	.016	113.15	.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	14	14	1,307.00	93.36	.005	93.36	.47
ENDODONTICS	4	6	1,061.00	176.83	.002	265.25	.39
RESTORATIVE DENTISTRY	35	70	4,897.00	69.96	.025	139.91	1.78
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	47	94	9,021.00	95.97	.034	191.94	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,134
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,755 ELIGIBLES							
@OPTOMETRIST	45	101	\$ 2,429.08	\$ 24.05	.037	\$ 53.98	\$.88
DIAGNOSTIC AND ANC. PROCED	11	12	411.03	34.25	.004	37.37	.15
EYE APPLIANCES	26	68	1,170.00	17.21	.025	45.00	.42
OTHER OPTOMETRIC SERVICES	13	21	848.05	40.38	.008	65.23	.31
@CHIROPRACTOR	9	15	\$ 208.53	\$ 13.90	.005	\$ 23.17	\$.08
VISITS	3	5	83.60	16.72	.002	27.87	.03
OTHER SERVICES	6	10	124.93	12.49	.004	20.82	.05
@PODIATRIST	47	75	\$ 805.09	\$ 10.73	.027	\$ 17.13	\$.29
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	47	75	805.09	10.73	.027	17.13	.29
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	21.25	7.08	.001	21.25	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	194	848	\$ 41,231.30	\$ 48.62	.308	\$ 212.53	\$ 14.97
HOSP INPATIENT TOTAL	28	0	21,345.29	.00	.000	762.33	7.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	28	0	21,345.29	.00	.000	762.33	7.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	175	848	19,886.01	23.45	.308	113.63	7.22
MEDICAL	2	3	96.99	32.33	.001	48.50	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	104.71	9.52	.004	26.18	.04
RADIOLOGY	3	3	222.81	74.27	.001	74.27	.08
ROOM USE	3	9	311.76	34.64	.003	103.92	.11
CROSSOVERS/ALL OTH OUTPTNT	171	822	19,149.74	23.30	.298	111.99	6.95
@COUNTY HOSPITAL TOTAL	1	2	\$ 3.43	\$ 1.72	.001	\$ 3.43	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.43	1.72	.001	3.43	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.43	1.72	.001	3.43	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	193		846	\$ 41,227.87	\$ 48.73	.307	\$ 213.62	\$ 14.96
COMM HOSP INPATIENT TOTAL	28		0	21,345.29	.00	.000	762.33	7.75
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	28		0	21,345.29	.00	.000	762.33	7.75
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	174		846	19,882.58	23.50	.307	114.27	7.22
MEDICAL	2		3	96.99	32.33	.001	48.50	.04
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	4		11	104.71	9.52	.004	26.18	.04
RADIOLOGY	3		3	222.81	74.27	.001	74.27	.08
ROOM USE	3		9	311.76	34.64	.003	103.92	.11

CROSSOVERS/ALL OTH OUTPTNT	170	820		19,146.31	23.35	.298	112.63	6.95
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	38	815	\$	148,671.71	182.42	.296	3912.41	53.96
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	16		2,005.12	125.32	.006	2005.12	.73
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	37	799		146,666.59	183.56	.290	3963.96	53.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	19	\$	10,250.53	539.50	.007	683.37	3.72
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	19		10,250.53	539.50	.007	683.37	3.72
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$	27.08	6.77	.001	13.54	.01
PATHOLOGY	1	3		23.23	7.74	.001	23.23	.01
XO AND OTHERS	1	1		3.85	3.85	.000	3.85	.00
@ORGANIZED OUTPATIENT CLINIC	400	646	\$	22,842.95	35.36	.234	57.11	8.29
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	3	3		403.74	134.58	.001	134.58	.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	397	643		22,439.21	34.90	.233	56.52	8.14

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	489		98,374	\$ 62,688.41	\$.64	35.707	\$ 128.20	\$ 22.75
DURABLE MED. EQUIP.	7		14	4,793.68	342.41	.005	684.81	1.74
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17		25	6,878.22	275.13	.009	404.60	2.50
MEDICAL TRANSPORTATION	23		252	2,618.79	10.39	.091	113.86	.95
AMBULANCES/AIR TRANS	14		146	2,072.45	14.19	.053	148.03	.75
OTHER TRANS	8		88	398.60	4.53	.032	49.83	.14
OTHER SERVICES	4		18	147.74	8.21	.007	36.94	.05
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	55		172	19,198.44	111.62	.062	349.06	6.97
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	64		161	1,807.62	11.23	.058	28.24	.66
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		3	90.21	30.07	.001	45.11	.03
PROSTHETICS	2		3	90.21	30.07	.001	45.11	.03
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12		16	4,844.86	302.80	.006	403.74	1.76

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6		62.40	10.40	.002	62.40	.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	359	97,725		22,394.19	.23	35.472	62.38	8.13
@CALIF. CHILDREN SERVICES*	4	7	\$	527.46	\$ 75.35	.003	\$ 131.87	\$.19
@XOVER EXCLUDING STATE HOSP**	1,046	16,817	\$	130,172.76	\$ 7.74	6.104	\$ 124.45	\$ 47.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,137

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	672	76,825	\$ 409,936.90	\$ 5.34	116.755	\$ 610.03	\$ 623.00
@PHYSICIANS SERVICES	127	308	\$ 5,187.61	\$ 16.84	.468	\$ 40.85	\$ 7.88
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	16.02	8.01	.003	8.01	.02
EXAMINATIONS	2	2	16.02	8.01	.003	8.01	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	127	306	5,171.59	16.90	.465	40.72	7.86
@PHARMACY	554	30,803	\$ 208,946.43	\$ 6.78	46.813	\$ 377.16	\$ 317.55
PRESCRIPTION DRUGS	527	2,754	199,318.83	72.37	4.185	378.21	302.92
SNF/ICF	19	112	6,192.02	55.29	.170	325.90	9.41
OUTPATIENTS	514	2,642	193,126.81	73.10	4.015	375.73	293.51
MEDICAL SUPPLIES	138	28,049	9,627.60	.34	42.628	69.77	14.63
@DENTIST	37	152	\$ 5,701.00	\$ 37.51	.231	\$ 154.08	\$ 8.66
VISITS - DIAGNOSTIC	27	109	1,008.00	9.25	.166	37.33	1.53
ORAL SURGERY	3	6	510.00	85.00	.009	170.00	.78

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	11	928.00	84.36	.017	84.36	1.41
ENDODONTICS	1	1	41.00	41.00	.002	41.00	.06
RESTORATIVE DENTISTRY	8	12	659.00	54.92	.018	82.38	1.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	12	2,555.00	212.92	.018	511.00	3.88
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,138
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	14	\$ 220.00	\$ 15.71	.021	\$ 44.00	\$.33
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	8.01	.002	8.01	.01
EYE APPLIANCES	4	12	202.18	16.85	.018	50.55	.31
OTHER OPTOMETRIC SERVICES	1	1	9.81	9.81	.002	9.81	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	26	\$ 221.59	\$ 8.52	.040	\$ 13.85	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	26	221.59	8.52	.040	13.85	.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	53	108	\$ 14,237.97	\$ 131.83	.164	\$ 268.64	\$ 21.64
HOSP INPATIENT TOTAL	16	0	11,708.65	.00	.000	731.79	17.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	0	11,708.65	.00	.000	731.79	17.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	108	2,529.32	23.42	.164	63.23	3.84
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	40	108	2,529.32	23.42	.164	63.23	3.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,139
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53		108	\$ 14,237.97	\$ 131.83	.164	\$ 268.64	\$ 21.64
COMM HOSP INPATIENT TOTAL	16		0	11,708.65	.00	.000	731.79	17.79
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16		0	11,708.65	.00	.000	731.79	17.79
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40		108	2,529.32	23.42	.164	63.23	3.84
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	40		108	2,529.32	23.42	.164	63.23	3.84
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	40		765	\$ 96,383.95	\$ 125.99	1.163	\$ 2409.60	\$ 146.48
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	40		765	96,383.95	125.99	1.163	2409.60	146.48
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20		27	\$ 16,264.25	\$ 602.38	.041	\$ 813.21	\$ 24.72
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20		27	16,264.25	602.38	.041	813.21	24.72

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	66	125	\$	3,964.21	\$	31.71	.190	\$	60.06	\$	6.02
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	66	125		3,964.21		31.71	.190		60.06		6.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,140
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	227	44,497	\$ 58,809.89	\$ 1.32	67.625	\$ 259.07	\$ 89.38
DURABLE MED. EQUIP.	2	0	24.84	.00	.000	12.42	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	10	4,169.11	416.91	.015	595.59	6.34
MEDICAL TRANSPORTATION	35	15,961	32,013.12	2.01	24.257	914.66	48.65
AMBULANCES/AIR TRANS	4	90	733.94	8.15	.137	183.49	1.12
OTHER TRANS	31	15,822	31,265.82	1.98	24.046	1008.57	47.52
OTHER SERVICES	2	49	13.36	.27	.074	6.68	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	39	208	14,045.00	67.52	.316	360.13	21.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	161.26	13.44	.018	26.88	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	11.38	5.69	.003	5.69	.02
PROSTHETICS	2	2	11.38	5.69	.003	5.69	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	891.69	178.34	.008	297.23	1.36
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	151	28,299	7,493.49	.26	43.008	49.63	11.39
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	299	7,321	66,272.28	9.05	11.126	221.65	100.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,141
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	289	\$ 13,390.48	\$ 46.33	41.286	\$ 1217.32	\$ 1912.93
@PHYSICIANS SERVICES	6	11	\$ 82.22	\$ 7.47	1.571	\$ 13.70	\$ 11.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	11	82.22	7.47	1.571	13.70	11.75
@PHARMACY	11	238	\$ 12,273.86	\$ 51.57	34.000	\$ 1115.81	\$ 1753.41
PRESCRIPTION DRUGS	11	108	12,048.53	111.56	15.429	1095.32	1721.22

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	108	12,048.53	111.56	15.429	1095.32	1721.22
MEDICAL SUPPLIES	6	130	225.33	1.73	18.571	37.56	32.19
@DENTIST	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,142
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	7	\$ 378.81	\$ 54.12	1.000	\$ 126.27	\$ 54.12
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	7	378.81	54.12	1.000	126.27	54.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7	378.81	54.12	1.000	126.27	54.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,143
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7	\$ 378.81	\$ 54.12	1.000	\$ 126.27	\$ 54.12
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7	378.81	54.12	1.000	126.27	54.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7	378.81	54.12	1.000	126.27	54.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	17	\$	500.31	\$	29.43	2.429	\$ 83.39	\$ 71.47
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	17		500.31		29.43	2.429	83.39	71.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,144
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	16	\$ 155.28	\$ 9.71	2.286	\$ 17.25	\$ 22.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16	155.28	9.71	2.286	17.25	22.18
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	37	\$ 634.20	\$ 17.14	5.286	\$ 70.47	\$ 90.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

184 ELIGIBLES						AID CODE 68			----- MONTHLY AVERAGE -----		
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@TOTAL, ALL PROVIDERS	213	26,188	\$ 156,403.99	\$ 5.97	142.326	\$ 734.29	\$ 850.02				
@PHYSICIANS SERVICES	60	239	\$ 5,739.19	\$ 24.01	1.299	\$ 95.65	\$ 31.19				
OUTPATIENT VISITS	10	14	537.85	38.42	.076	53.79	2.92				
OFFICE VISITS	9	13	469.50	36.12	.071	52.17	2.55				
HOME VISITS	0	0	.00	.00	.000	.00	.00				
EMERGENCY ROOM	1	1	68.35	68.35	.005	68.35	.37				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00				
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00				
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00				
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00				
CRITICAL CARE	0	0	.00	.00	.000	.00	.00				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	2	3	181.65	60.55	.016	90.83	.99				
EXAMINATIONS	2	3	181.65	60.55	.016	90.83	.99				
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00				
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00				
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00				
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00				
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00				
OUTPATIENT SURGERY	3	9	2,953.12	328.12	.049	984.37	16.05				
PRINCIPAL SURGEON	2	3	2,568.87	856.29	.016	1284.44	13.96				
ASSISTANT SURGEON	1	1	238.27	238.27	.005	238.27	1.29				
ANESTHESIOLOGIST	1	5	145.98	29.20	.027	145.98	.79				
DIALYSIS	1	1	225.04	225.04	.005	225.04	1.22				
PATHOLOGY	7	32	215.49	6.73	.174	30.78	1.17				

RADIOLOGY	1	1		21.60	21.60	.005	21.60	.12
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		7.65	7.65	.005	7.65	.04
OTHER SERVICES/ALL X-OVERS	47	178		1,596.79	8.97	.967	33.97	8.68
@PHARMACY	194	13,398	\$	110,690.77	\$ 8.26	72.815	\$ 570.57	\$ 601.58
PRESCRIPTION DRUGS	185	1,123		103,327.32	92.01	6.103	558.53	561.56
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	185	1,123		103,327.32	92.01	6.103	558.53	561.56
MEDICAL SUPPLIES	64	12,275		7,363.45	.60	66.712	115.05	40.02
@DENTIST	13	88	\$	3,838.00	\$ 43.61	.478	\$ 295.23	\$ 20.86
VISITS - DIAGNOSTIC	9	35		454.00	12.97	.190	50.44	2.47
ORAL SURGERY	5	26		2,120.00	81.54	.141	424.00	11.52
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		236.00	118.00	.011	118.00	1.28
ENDODONTICS	1	1		.00	.00	.005	.00	.00
RESTORATIVE DENTISTRY	4	6		358.00	59.67	.033	89.50	1.95
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	18		670.00	37.22	.098	223.33	3.64
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,146
MOPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
	AID CODE 68							

184 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9 \$	167.20	\$ 18.58	.049	\$ 55.73	\$.91
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.005	39.44	.21
EYE APPLIANCES	3	8	127.76	15.97	.043	42.59	.69
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	4 \$	50.02	\$ 12.51	.022	\$ 16.67	\$.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	4	50.02	12.51	.022	16.67	.27
@HOME HEALTH AGENCY	11	40 \$	2,837.88	\$ 70.95	.217	\$ 257.99	\$ 15.42
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	39	114 \$	13,620.12	\$ 119.47	.620	\$ 349.23	\$ 74.02
HOSP INPATIENT TOTAL	8	0	6,562.24	.00	.000	820.28	35.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	8	0	6,562.24	.00	.000	820.28	35.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	114	7,057.88	61.91	.620	196.05	38.36
MEDICAL	3	3	83.31	27.77	.016	27.77	.45
SURGERY	2	2	298.81	149.41	.011	149.41	1.62
PATHOLOGY	2	4	43.24	10.81	.022	21.62	.24
RADIOLOGY	1	1	63.71	63.71	.005	63.71	.35
ROOM USE	3	4	287.61	71.90	.022	95.87	1.56
CROSSOVERS/ALL OTH OUTPTNT	32	100	6,281.20	62.81	.543	196.29	34.14
@COUNTY HOSPITAL TOTAL	1	1	\$ 9.78	\$ 9.78	.005	\$ 9.78	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	9.78	9.78	.005	9.78	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.78	9.78	.005	9.78	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

184 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	113	\$ 13,610.34	\$ 120.45	.614	\$ 358.17	\$ 73.97
COMM HOSP INPATIENT TOTAL	8	0	6,562.24	.00	.000	820.28	35.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	0	6,562.24	.00	.000	820.28	35.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	113	7,048.10	62.37	.614	201.37	38.30
MEDICAL	3	3	83.31	27.77	.016	27.77	.45
SURGERY	2	2	298.81	149.41	.011	149.41	1.62
PATHOLOGY	2	4	43.24	10.81	.022	21.62	.24
RADIOLOGY	1	1	63.71	63.71	.005	63.71	.35
ROOM USE	3	4	287.61	71.90	.022	95.87	1.56
CROSSOVERS/ALL OTH OUTPTNT	31	99	6,271.42	63.35	.538	202.30	34.08
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	17	\$	2,790.28	\$ 164.13	.092	\$ 465.05	\$ 15.16
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	17		2,790.28	164.13	.092	465.05	15.16
@REHABILITATION FACILITY	2	46	\$	916.02	\$ 19.91	.250	\$ 458.01	\$ 4.98
HOSPITAL BASED	2	46		916.02	19.91	.250	458.01	4.98
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	25	\$	215.06	\$ 8.60	.136	\$ 43.01	\$ 1.17
PATHOLOGY	5	25		215.06	8.60	.136	43.01	1.17
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	53	75	\$	3,816.84	\$ 50.89	.408	\$ 72.02	\$ 20.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	53	75		3,816.84	50.89	.408	72.02	20.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,148
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

184 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	50	12,133	\$ 11,722.61	\$.97	65.940 \$ 234.45 \$ 63.71
DURABLE MED. EQUIP.	5	13	6,498.24	499.86	.071 1299.65 35.32
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	1	43	256.26	5.96	.234 256.26 1.39
AMBULANCES/AIR TRANS	1	43	256.26	5.96	.234 256.26 1.39
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	5	12	139.94	11.66	.065 27.99 .76
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	2	9	109.10	12.12	.049 54.55 .59
PROSTHETICS	2	9	109.10	12.12	.049 54.55 .59
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	40	12,056		4,719.07	.39	65.522	117.98	25.65
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	94	2,786	\$	19,152.59	\$ 6.87	15.141	\$ 203.75	\$ 104.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,149
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	

849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	896	103,302	\$ 579,731.37	\$ 5.61	121.675	\$ 647.02	\$ 682.84
@PHYSICIANS SERVICES	193	558	\$ 11,009.02	\$ 19.73	.657	\$ 57.04	\$ 12.97
OUTPATIENT VISITS	10	14	537.85	38.42	.016	53.79	.63
OFFICE VISITS	9	13	469.50	36.12	.015	52.17	.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	197.67	39.53	.006	49.42	.23
EXAMINATIONS	4	5	197.67	39.53	.006	49.42	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9	2,953.12	328.12	.011	984.37	3.48
PRINCIPAL SURGEON	2	3	2,568.87	856.29	.004	1284.44	3.03
ASSISTANT SURGEON	1	1	238.27	238.27	.001	238.27	.28
ANESTHESIOLOGIST	1	5	145.98	29.20	.006	145.98	.17
DIALYSIS	1	1	225.04	225.04	.001	225.04	.27
PATHOLOGY	7	32	215.49	6.73	.038	30.78	.25
RADIOLOGY	1	1	21.60	21.60	.001	21.60	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	7.65	7.65	.001	7.65	.01
OTHER SERVICES/ALL X-OVERS	180	495	6,850.60	13.84	.583	38.06	8.07
@PHARMACY	759	44,439	\$ 331,911.06	\$ 7.47	52.343	\$ 437.30	\$ 390.94
PRESCRIPTION DRUGS	723	3,985	314,694.68	78.97	4.694	435.26	370.67
SNF/ICF	19	112	6,192.02	55.29	.132	325.90	7.29
OUTPATIENTS	710	3,873	308,502.66	79.65	4.562	434.51	363.37
MEDICAL SUPPLIES	208	40,454	17,216.38	.43	47.649	82.77	20.28
@DENTIST	50	240	\$ 9,539.00	\$ 39.75	.283	\$ 190.78	\$ 11.24
VISITS - DIAGNOSTIC	36	144	1,462.00	10.15	.170	40.61	1.72
ORAL SURGERY	8	32	2,630.00	82.19	.038	328.75	3.10
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	13	13	1,164.00	89.54	.015	89.54	1.37
ENDODONTICS	2	2	41.00	20.50	.002	20.50	.05
RESTORATIVE DENTISTRY	12	18	1,017.00	56.50	.021	84.75	1.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	8	30	3,225.00	107.50	.035	403.13	3.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,150
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	23	\$ 387.20	\$ 16.83	.027	\$ 48.40	\$.46
DIAGNOSTIC AND ANC. PROCED	2	2	47.45	23.73	.002	23.73	.06
EYE APPLIANCES	7	20	329.94	16.50	.024	47.13	.39
OTHER OPTOMETRIC SERVICES	1	1	9.81	9.81	.001	9.81	.01
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	30	\$ 271.61	\$ 9.05	.035	\$ 14.30	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	30	271.61	9.05	.035	14.30	.32
@HOME HEALTH AGENCY	11	40	\$ 2,837.88	\$ 70.95	.047	\$ 257.99	\$ 3.34
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	229	\$ 28,236.90	\$ 123.31	.270	\$ 297.23	\$ 33.26
HOSP INPATIENT TOTAL	24	0	18,270.89	.00	.000	761.29	21.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	24	0	18,270.89	.00	.000	761.29	21.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	229	9,966.01	43.52	.270	126.15	11.74
MEDICAL	3	3	83.31	27.77	.004	27.77	.10
SURGERY	2	2	298.81	149.41	.002	149.41	.35
PATHOLOGY	2	4	43.24	10.81	.005	21.62	.05
RADIOLOGY	1	1	63.71	63.71	.001	63.71	.08
ROOM USE	3	4	287.61	71.90	.005	95.87	.34
CROSSOVERS/ALL OTH OUTPTNT	75	215	9,189.33	42.74	.253	122.52	10.82
@COUNTY HOSPITAL TOTAL	1	1	\$ 9.78	\$ 9.78	.001	\$ 9.78	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	9.78	9.78	.001	9.78	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.78	9.78	.001	9.78	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	228	\$ 28,227.12	\$ 123.80	.269 \$ 300.29 \$ 33.25
COMM HOSP INPATIENT TOTAL	24	0	18,270.89	.00	.000 761.29 21.52
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	24	0	18,270.89	.00	.000 761.29 21.52
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	78	228	9,956.23	43.67	.269 127.64 11.73
MEDICAL	3	3	83.31	27.77	.004 27.77 .10
SURGERY	2	2	298.81	149.41	.002 149.41 .35
PATHOLOGY	2	4	43.24	10.81	.005 21.62 .05
RADIOLOGY	1	1	63.71	63.71	.001 63.71 .08
ROOM USE	3	4	287.61	71.90	.005 95.87 .34

CROSSOVERS/ALL OTH OUTPTNT	74	214		9,179.55	42.90	.252	124.05	10.81
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	40	765	\$	96,383.95	125.99	.901	2409.60	113.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	765		96,383.95	125.99	.901	2409.60	113.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	44	\$	19,054.53	433.06	.052	732.87	22.44
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	44		19,054.53	433.06	.052	732.87	22.44
@REHABILITATION FACILITY	2	46	\$	916.02	19.91	.054	458.01	1.08
HOSPITAL BASED	2	46		916.02	19.91	.054	458.01	1.08
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	25	\$	215.06	8.60	.029	43.01	.25
PATHOLOGY	5	25		215.06	8.60	.029	43.01	.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	125	217	\$	8,281.36	38.16	.256	66.25	9.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	125	217		8,281.36	38.16	.256	66.25	9.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,152
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	286	56,646	\$ 70,687.78	\$ 1.25	66.721	\$ 247.16	\$ 83.26
DURABLE MED. EQUIP.	7	13	6,523.08	501.78	.015	931.87	7.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	10	4,169.11	416.91	.012	595.59	4.91
MEDICAL TRANSPORTATION	36	16,004	32,269.38	2.02	18.850	896.37	38.01
AMBULANCES/AIR TRANS	5	133	990.20	7.45	.157	198.04	1.17
OTHER TRANS	31	15,822	31,265.82	1.98	18.636	1008.57	36.83
OTHER SERVICES	2	49	13.36	.27	.058	6.68	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	39	208	14,045.00	67.52	.245	360.13	16.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	24	301.20	12.55	.028	27.38	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	120.48	10.95	.013	30.12	.14
PROSTHETICS	4	11	120.48	10.95	.013	30.12	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	891.69	178.34	.006	297.23	1.05

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	200	40,371	12,367.84	.31	47.551	61.84	14.57
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	402	10,144	86,059.07	8.48	11.948	214.08	101.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,153

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

16,429 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,805	966,532	\$ 5,971,016.89	\$ 6.18	58.831	\$ 466.30	\$ 363.44
@PHYSICIANS SERVICES	2,709	7,769	\$ 113,759.04	\$ 14.64	.473	\$ 41.99	\$ 6.92
OUTPATIENT VISITS	23	27	992.69	36.77	.002	43.16	.06
OFFICE VISITS	19	23	766.79	33.34	.001	40.36	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	225.90	56.48	.000	56.48	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	12	600.62	50.05	.001	200.21	.04
HOSPITAL VISITS	3	12	600.62	50.05	.001	200.21	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	81	79	1,246.74	15.78	.005	15.39	.08
EXAMINATIONS	81	79	1,246.74	15.78	.005	15.39	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	19	1,766.37	92.97	.001	294.40	.11
PRINCIPAL SURGEON	4	4	1,377.88	344.47	.000	344.47	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	388.49	25.90	.001	129.50	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	23	175.07	7.61	.001	29.18	.01
RADIOLOGY	12	14	359.57	25.68	.001	29.96	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	41	522.38	12.74	.002	261.19	.03
OTHER SERVICES/ALL X-OVERS	2,621	7,554	108,095.60	14.31	.460	41.24	6.58
@PHARMACY	10,945	574,429	\$ 3,649,789.85	\$ 6.35	34.964	\$ 333.47	\$ 222.16
PRESCRIPTION DRUGS	10,674	44,473	3,484,949.98	78.36	2.707	326.49	212.12
SNF/ICF	284	1,806	110,147.93	60.99	.110	387.84	6.70
OUTPATIENTS	10,422	42,667	3,374,802.05	79.10	2.597	323.82	205.42
MEDICAL SUPPLIES	1,974	529,956	164,839.87	.31	32.257	83.51	10.03
@DENTIST	764	3,289	\$ 133,260.42	\$ 40.52	.200	\$ 174.42	\$ 8.11
VISITS - DIAGNOSTIC	473	2,042	19,624.50	9.61	.124	41.49	1.19
ORAL SURGERY	141	295	16,674.00	56.52	.018	118.26	1.01

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	104	108	10,027.00	92.84	.007	96.41	.61
ENDODONTICS	33	55	10,701.00	194.56	.003	324.27	.65
RESTORATIVE DENTISTRY	144	302	22,394.00	74.15	.018	155.51	1.36
PROSTHETICS	10	10	230.00	23.00	.001	23.00	.01
DENTURES, STAYPLATES	191	468	53,609.92	114.55	.028	280.68	3.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	9	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	16,429 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	241		566	\$ 11,300.27	\$ 19.97	.034	\$ 46.89	\$.69
DIAGNOSTIC AND ANC. PROCED	55		60	1,849.49	30.82	.004	33.63	.11
EYE APPLIANCES	148		399	6,974.72	17.48	.024	47.13	.42
OTHER OPTOMETRIC SERVICES	74		107	2,476.06	23.14	.007	33.46	.15
@CHIROPRACTOR	25		41	\$ 564.79	\$ 13.78	.002	\$ 22.59	\$.03
VISITS	3		7	117.04	16.72	.000	39.01	.01
OTHER SERVICES	22		34	447.75	13.17	.002	20.35	.03
@PODIATRIST	182		265	\$ 2,369.59	\$ 8.94	.016	\$ 13.02	\$.14
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	182		265	2,369.59	8.94	.016	13.02	.14
@HOME HEALTH AGENCY	3		11	\$ 644.45	\$ 58.59	.001	\$ 214.82	\$.04
NURSE ANESTHESIST	8		17	128.72	7.57	.001	16.09	.01
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	994		3,634	\$ 537,982.23	\$ 148.04	.221	\$ 541.23	\$ 32.75
HOSP INPATIENT TOTAL	182		299	449,638.93	1503.81	.018	2470.54	27.37
HSC HOSPITALS	20		154	147,351.33	956.83	.009	7367.57	8.97
NON-HSC HOSPITAL TOTAL	24		145	187,439.53	1292.69	.009	7809.98	11.41
ACCOMMODATIONS	24		145	55,022.64	379.47	.009	2292.61	3.35
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24		145	55,022.64	379.47	.009	2292.61	3.35
ANCILLARIES	24		0	132,416.89	.00	.000	5517.37	8.06
INPATIENT CROSSOVERS	139		0	114,848.07	.00	.000	826.25	6.99
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	856		3,335	88,343.30	26.49	.203	103.20	5.38
MEDICAL	2		1	30.52	30.52	.000	15.26	.00
SURGERY	2		3	422.25	140.75	.000	211.13	.03
PATHOLOGY	5		20	197.55	9.88	.001	39.51	.01
RADIOLOGY	7		9	513.94	57.10	.001	73.42	.03
ROOM USE	4		3	121.82	40.61	.000	30.46	.01
CROSSOVERS/ALL OTH OUTPTNT	849		3,299	87,057.22	26.39	.201	102.54	5.30
@COUNTY HOSPITAL TOTAL	13		51	\$ 6,660.49	\$ 130.60	.003	\$ 512.35	\$.41
CO HOSPITAL INPATIENT TOTAL	2		5	5,690.80	1138.16	.000	2845.40	.35
HSC HOSPITALS	1		5	5,109.94	1021.99	.000	5109.94	.31

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	580.86	.00	.000	580.86	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	46	969.69	21.08	.003	80.81	.06
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	969.69	21.08	.003	88.15	.06

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MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
16,429 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	983	3,583	\$ 531,321.74	\$ 148.29	.218	\$ 540.51	\$ 32.34	
COMM HOSP INPATIENT TOTAL	180	294	443,948.13	1510.03	.018	2466.38	27.02	
HSC HOSPITALS	19	149	142,241.39	954.64	.009	7486.39	8.66	
NON-HSC HOSPITALS TOTAL	24	145	187,439.53	1292.69	.009	7809.98	11.41	
ACCOMMODATIONS	24	145	55,022.64	379.47	.009	2292.61	3.35	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	24	145	55,022.64	379.47	.009	2292.61	3.35	
ANCILLARIES	24	0	132,416.89	.00	.000	5517.37	8.06	
INPATIENT CROSSOVERS	138	0	114,267.21	.00	.000	828.02	6.96	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	846	3,289		87,373.61	26.57	.200	103.28	5.32
MEDICAL	1	1		30.52	30.52	.000	30.52	.00
SURGERY	2	3		422.25	140.75	.000	211.13	.03
PATHOLOGY	4	20		197.55	9.88	.001	49.39	.01
RADIOLOGY	7	9		513.94	57.10	.001	73.42	.03
ROOM USE	3	3		121.82	40.61	.000	40.61	.01
CROSSOVERS/ALL OTH OUTPTNT	840	3,253		86,087.53	26.46	.198	102.49	5.24
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	321	7,211	\$	1,059,184.05	\$ 146.88	.439	\$ 3299.64	\$ 64.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	321	7,211		1,059,184.05	146.88	.439	3299.64	64.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	83	104	\$	39,231.94	\$ 377.23	.006	\$ 472.67	\$ 2.39
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	83	104		39,231.94	377.23	.006	472.67	2.39
@REHABILITATION FACILITY	1	1	\$	31.07	\$ 31.07	.000	\$ 31.07	\$.00
HOSPITAL BASED	1	1		31.07	31.07	.000	31.07	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	27	72	\$	661.48	\$ 9.19	.004	\$ 24.50	\$.04
PATHOLOGY	19	63		552.70	8.77	.004	29.09	.03
XO AND OTHERS	8	9		108.78	12.09	.001	13.60	.01
@ORGANIZED OUTPATIENT CLINIC	2,053	3,153	\$	128,525.46	\$ 40.76	.192	\$ 62.60	\$ 7.82
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	26	28		2,625.45	93.77	.002	100.98	.16
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,029	3,125		125,900.01	40.29	.190	62.05	7.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,156
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED							

----- MONTHLY AVERAGE -----								
16,429 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,155	365,970	\$ 293,583.53	\$.80	22.276	\$ 136.23	\$ 17.87	
DURABLE MED. EQUIP.	26	69	10,071.98	145.97	.004	387.38	.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	61	89	25,791.76	289.80	.005	422.82	1.57	
MEDICAL TRANSPORTATION	172	27,893	73,880.82	2.65	1.698	429.54	4.50	
AMBULANCES/AIR TRANS	46	710	7,877.40	11.09	.043	171.25	.48	
OTHER TRANS	123	26,894	65,660.08	2.44	1.637	533.82	4.00	
OTHER SERVICES	16	289	343.34	1.19	.018	21.46	.02	
ACUPUNCTURE	1	6	108.13	18.02	.000	108.13	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	193	789	68,811.17	87.21	.048	356.53	4.19	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	336	784	9,394.72	11.98	.048	27.96	.57	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	7	9	9.97	1.11	.001	1.42	.00
PROSTHETIST/ORTHOTISTS	7	9	261.95	29.11	.001	37.42	.02
PROSTHETICS	7	9	261.95	29.11	.001	37.42	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	71	130	26,694.62	205.34	.008	375.98	1.62
HOSPICE SERVICES	2	30	3,331.62	111.05	.002	1665.81	.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,446	336,162	75,226.79	.22	20.462	52.02	4.58
@CALIF. CHILDREN SERVICES*	1	1	\$ 25.00	\$ 25.00	.000	\$ 25.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,837	59,540	\$ 603,665.04	\$ 10.14	3.624	\$ 124.80	\$ 36.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,157
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

1,294 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,105	100,318	\$ 1,265,587.58	\$ 12.62	77.526	\$ 1145.33	\$ 978.04
@PHYSICIANS SERVICES	411	1,731	\$ 60,877.80	\$ 35.17	1.338	\$ 148.12	\$ 47.05
OUTPATIENT VISITS	169	279	10,150.59	36.38	.216	60.06	7.84
OFFICE VISITS	113	164	4,568.62	27.86	.127	40.43	3.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	50	3,611.12	72.22	.039	90.28	2.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	29	636.73	21.96	.022	212.24	.49
OTHER OUTPATIENT	26	36	1,334.12	37.06	.028	51.31	1.03
INPATIENT VISITS	38	275	11,885.21	43.22	.213	312.77	9.18
HOSPITAL VISITS	29	192	8,653.71	45.07	.148	298.40	6.69
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	83	3,231.50	38.93	.064	359.06	2.50
OPHTHALMOLOGICAL SERVICES	19	21	784.10	37.34	.016	41.27	.61
EXAMINATIONS	19	21	784.10	37.34	.016	41.27	.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	107	10,823.90	101.16	.083	541.20	8.36
PRINCIPAL SURGEON	15	30	8,113.13	270.44	.023	540.88	6.27
ASSISTANT SURGEON	2	2	561.03	280.52	.002	280.52	.43
ANESTHESIOLOGIST	8	75	2,149.74	28.66	.058	268.72	1.66
OUTPATIENT SURGERY	15	21	4,186.15	199.34	.016	279.08	3.24
PRINCIPAL SURGEON	13	14	3,923.61	280.26	.011	301.82	3.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	262.54	37.51	.005	131.27	.20
DIALYSIS	4	13	752.84	57.91	.010	188.21	.58
PATHOLOGY	33	136	792.24	5.83	.105	24.01	.61
RADIOLOGY	89	199	7,382.70	37.10	.154	82.95	5.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	13	299.97	23.07	.010	27.27	.23
OTHER SERVICES/ALL X-OVERS	228	667	13,820.10	20.72	.515	60.61	10.68
@PHARMACY	930	60,068	\$ 461,341.73	\$ 7.68	46.420	\$ 496.07	\$ 356.52
PRESCRIPTION DRUGS	902	4,118	433,775.74	105.34	3.182	480.90	335.22

SNF/ICF	44	251		21,539.56	85.81	.194	489.54	16.65
OUTPATIENTS	867	3,867		412,236.18	106.60	2.988	475.47	318.58
MEDICAL SUPPLIES	240	55,950		27,565.99	.49	43.238	114.86	21.30
@DENTIST	83	414	\$	12,403.50	\$ 29.96	.320	\$ 149.44	\$ 9.59
VISITS - DIAGNOSTIC	63	291		3,065.50	10.53	.225	48.66	2.37
ORAL SURGERY	14	48		3,088.00	64.33	.037	220.57	2.39
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.002	100.00	.15
PERIODONTICS	10	11		983.00	89.36	.009	98.30	.76
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	34		2,360.00	69.41	.026	168.57	1.82
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	8	25		2,527.00	101.08	.019	315.88	1.95
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.002	150.00	.12
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,158
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,294 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	41	\$ 957.43	\$ 23.35	.032	\$ 59.84	\$.74
DIAGNOSTIC AND ANC. PROCED	8	10	369.58	36.96	.008	46.20	.29
EYE APPLIANCES	11	29	570.94	19.69	.022	51.90	.44
OTHER OPTOMETRIC SERVICES	1	2	16.91	8.46	.002	16.91	.01
@CHIROPRACTOR	12	22	\$ 367.84	\$ 16.72	.017	\$ 30.65	\$.28
VISITS	12	22	367.84	16.72	.017	30.65	.28
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	26	\$ 328.33	\$ 12.63	.020	\$ 14.28	\$.25
MEDICINE/INJECTIONS	6	6	144.00	24.00	.005	24.00	.11
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	20	184.33	9.22	.015	10.84	.14
@HOME HEALTH AGENCY	9	183	\$ 6,537.71	\$ 35.73	.141	\$ 726.41	\$ 5.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	179	1,041	\$ 342,998.98	\$ 329.49	.804	\$ 1916.20	\$ 265.07
HOSP INPATIENT TOTAL	37	236	313,879.09	1330.00	.182	8483.22	242.56
HSC HOSPITALS	19	177	233,356.01	1318.40	.137	12281.90	180.34
NON-HSC HOSPITAL TOTAL	10	59	73,856.35	1251.80	.046	7385.64	57.08
ACCOMMODATIONS	10	59	19,173.02	324.97	.046	1917.30	14.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	59	19,173.02	324.97	.046	1917.30	14.82
ANCILLARIES	10	0	54,683.33	.00	.000	5468.33	42.26
INPATIENT CROSSOVERS	8	0	6,666.73	.00	.000	833.34	5.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	156	805	29,119.89	36.17	.622	186.67	22.50
MEDICAL	27	50	1,950.86	39.02	.039	72.25	1.51
SURGERY	12	14	2,071.31	147.95	.011	172.61	1.60
PATHOLOGY	40	241	3,171.25	13.16	.186	79.28	2.45

RADIOLOGY	44	70	7,940.53	113.44	.054	180.47	6.14
ROOM USE	59	107	4,429.82	41.40	.083	75.08	3.42
CROSSOVERS/ALL OTH OUTPTNT	93	323	9,556.12	29.59	.250	102.75	7.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,159
MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
1,294 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	179	1,041	\$ 342,998.98	\$ 329.49	.804	\$ 1916.20	\$ 265.07	
COMM HOSP INPATIENT TOTAL	37	236	313,879.09	1330.00	.182	8483.22	242.56	
HSC HOSPITALS	19	177	233,356.01	1318.40	.137	12281.90	180.34	
NON-HSC HOSPITALS TOTAL	10	59	73,856.35	1251.80	.046	7385.64	57.08	
ACCOMMODATIONS	10	59	19,173.02	324.97	.046	1917.30	14.82	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	59	19,173.02	324.97	.046	1917.30	14.82	
ANCILLARIES	10	0	54,683.33	.00	.000	5468.33	42.26	
INPATIENT CROSSOVERS	8	0	6,666.73	.00	.000	833.34	5.15	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	156	805	29,119.89	36.17	.622	186.67	22.50	
MEDICAL	27	50	1,950.86	39.02	.039	72.25	1.51	
SURGERY	12	14	2,071.31	147.95	.011	172.61	1.60	
PATHOLOGY	40	241	3,171.25	13.16	.186	79.28	2.45	
RADIOLOGY	44	70	7,940.53	113.44	.054	180.47	6.14	
ROOM USE	59	107	4,429.82	41.40	.083	75.08	3.42	
CROSSOVERS/ALL OTH OUTPTNT	93	323	9,556.12	29.59	.250	102.75	7.38	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	29	907	\$ 204,072.86	\$ 225.00	.701	\$ 7037.00	\$ 157.71	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	6	146	50,315.67	344.63	.113	8385.95	38.88	
LEV B-SUBACUTE HSPTL BASED	4	130	67,524.32	519.42	.100	16881.08	52.18	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	19	631	86,232.87	136.66	.488	4538.57	66.64	
@INTERMEDIATE CARE FACIL.-DD	8	262	\$ 44,683.61	\$ 170.55	.202	\$ 5585.45	\$ 34.53	

ICF DDH	8	262		44,683.61	170.55	.202	5585.45	34.53
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	79	192	\$	39,116.76	\$ 203.73	.148	\$ 495.15	\$ 30.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	79	192		39,116.76	203.73	.148	495.15	30.23
@REHABILITATION FACILITY	3	9	\$	174.08	\$ 19.34	.007	\$ 58.03	\$.13
HOSPITAL BASED	1	1		97.29	97.29	.001	97.29	.08
INDEPENDENT FACILITY	2	8		76.79	9.60	.006	38.40	.06
@LABORATORY FACILITY	80	373	\$	3,875.04	\$ 10.39	.288	\$ 48.44	\$ 2.99
PATHOLOGY	79	367		3,864.08	10.53	.284	48.91	2.99
XO AND OTHERS	1	6		10.96	1.83	.005	10.96	.01
@ORGANIZED OUTPATIENT CLINIC	222	375	\$	34,616.71	\$ 92.31	.290	\$ 155.93	\$ 26.75
CLINIC	1	5		510.66	102.13	.004	510.66	.39
SURGICENTER	4	11		424.75	38.61	.009	106.19	.33
HEROIN DETOX CLINIC	1	6		87.60	14.60	.005	87.60	.07
RURAL HEALTH CLINIC	218	353		33,593.70	95.17	.273	154.10	25.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,160
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,294 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	237	34,674	\$ 53,235.20	\$ 1.54	26.796	\$ 224.62	\$ 41.14
DURABLE MED. EQUIP.	15	27	5,902.84	218.62	.021	393.52	4.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	75	5,488	25,715.39	4.69	4.241	342.87	19.87
AMBULANCES/AIR TRANS	28	586	5,736.31	9.79	.453	204.87	4.43
OTHER TRANS	46	4,881	19,943.30	4.09	3.772	433.55	15.41
OTHER SERVICES	1	21	35.78	1.70	.016	35.78	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18	47	5,599.06	119.13	.036	311.06	4.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	80	1,124.72	14.06	.062	34.08	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	404.37	202.19	.002	.00	.31
PROSTHETICS	0	2	404.37	202.19	.002	.00	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	166.69	41.67	.003	83.35	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,704	8,064.96	4.73	1.317	424.47	6.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	27,322	6,257.17	.23	21.114	61.95	4.84
@CALIF. CHILDREN SERVICES*	38	1,946	\$ 120,882.42	\$ 62.12	1.504	\$ 3181.12	\$ 93.42
@XOVER EXCLUDING STATE HOSP**	257	1,160	\$ 65,255.04	\$ 56.25	.896	\$ 253.91	\$ 50.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,161
 MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

42,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,973	2,583,026	\$ 28,805,138.31	\$ 11.15	60.941 \$ 800.74 \$ 679.59
@PHYSICIANS SERVICES	11,796	54,376	\$ 1,806,376.97	\$ 33.22	1.283 \$ 153.13 \$ 42.62
OUTPATIENT VISITS	5,868	9,370	352,306.21	37.60	.221 60.04 8.31
OFFICE VISITS	4,156	6,323	192,630.45	30.47	.149 46.35 4.54
HOME VISITS	45	75	2,815.98	37.55	.002 62.58 .07
EMERGENCY ROOM	1,336	1,828	116,116.79	63.52	.043 86.91 2.74
PREVENTIVE CARE	13	13	570.58	43.89	.000 43.89 .01
OB VISITS/COMPRE PERI	28	182	5,202.62	28.59	.004 185.81 .12
OTHER OUTPATIENT	709	949	34,969.79	36.85	.022 49.32 .83
INPATIENT VISITS	905	4,802	284,398.48	59.23	.113 314.25 6.71
HOSPITAL VISITS	696	3,958	188,976.55	47.75	.093 271.52 4.46
CRITICAL CARE	88	557	86,390.31	155.10	.013 981.71 2.04
SNF/ICF/TRANS IP CARE	193	287	9,031.62	31.47	.007 46.80 .21
OPHTHALMOLOGICAL SERVICES	355	422	16,005.60	37.93	.010 45.09 .38
EXAMINATIONS	353	420	15,950.31	37.98	.010 45.19 .38
SERVICES AND MATERIALS	2	2	55.29	27.65	.000 27.65 .00
INPATIENT HOSPITAL SURGERY	308	1,863	164,234.87	88.16	.044 533.23 3.87
PRINCIPAL SURGEON	230	365	130,732.88	358.17	.009 568.40 3.08
ASSISTANT SURGEON	25	27	5,480.87	203.00	.001 219.23 .13
ANESTHESIOLOGIST	101	1,471	28,021.12	19.05	.035 277.44 .66
OUTPATIENT SURGERY	694	1,582	145,422.01	91.92	.037 209.54 3.43
PRINCIPAL SURGEON	573	704	125,568.80	178.36	.017 219.14 2.96
ASSISTANT SURGEON	9	18	946.90	52.61	.000 105.21 .02
ANESTHESIOLOGIST	151	860	18,906.31	21.98	.020 125.21 .45
DIALYSIS	48	278	14,471.33	52.06	.007 301.49 .34
PATHOLOGY	1,356	3,402	43,924.93	12.91	.080 32.39 1.04

RADIOLOGY	2,607	5,299		184,151.93		34.75	.125	70.64	4.34
PSYCHIATRY	3	3		189.90		63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	402	9,315		282,604.14		30.34	.220	703.00	6.67
OTHER SERVICES/ALL X-OVERS	5,252	18,040		318,667.57		17.66	.426	60.68	7.52
@PHARMACY	28,716	1,194,813	\$	12,510,996.19	\$	10.47	28.189	\$ 435.68	\$ 295.17
PRESCRIPTION DRUGS	27,994	131,159		11,912,342.01		90.82	3.094	425.53	281.04
SNF/ICF	781	5,418		479,169.75		88.44	.128	613.53	11.30
OUTPATIENTS	27,323	125,741		11,433,172.26		90.93	2.967	418.44	269.74
MEDICAL SUPPLIES	4,534	1,063,654		598,654.18		.56	25.094	132.04	14.12
@DENTIST	2,538	12,677	\$	395,316.77	\$	31.18	.299	\$ 155.76	\$ 9.33
VISITS - DIAGNOSTIC	1,789	8,685		93,048.73		10.71	.205	52.01	2.20
ORAL SURGERY	377	940		59,704.25		63.52	.022	158.37	1.41
DRUGS	25	55		925.00		16.82	.001	37.00	.02
ANESTHESIA	17	17		1,600.00		94.12	.000	94.12	.04
PERIODONTICS	334	351		32,171.50		91.66	.008	96.32	.76
ENDODONTICS	132	204		41,669.00		204.26	.005	315.67	.98
RESTORATIVE DENTISTRY	638	1,526		94,317.55		61.81	.036	147.83	2.23
PROSTHETICS	42	44		1,140.00		25.91	.001	27.14	.03
DENTURES, STAYPLATES	266	741		66,145.51		89.27	.017	248.67	1.56
SPACE MAINTAINERS	3	5		222.00		44.40	.000	74.00	.01
MAXILLOFACIAL SERVICES	16	18		1,893.23		105.18	.000	118.33	.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	17	24		2,165.00		90.21	.001	127.35	.05
ALL OTHER SERVICES	52	67		315.00		4.70	.002	6.06	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

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03/14/05

42,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	699	1,781	\$ 40,000.43	\$ 22.46	.042	\$ 57.23	\$.94
DIAGNOSTIC AND ANC. PROCED	387	441	16,742.54	37.96	.010	43.26	.40
EYE APPLIANCES	476	1,251	20,566.40	16.44	.030	43.21	.49
OTHER OPTOMETRIC SERVICES	61	89	2,691.49	30.24	.002	44.12	.06
@CHIROPRACTOR	270	384	\$ 6,322.59	\$ 16.47	.009	\$ 23.42	\$.15
VISITS	250	357	5,964.86	16.71	.008	23.86	.14
OTHER SERVICES	20	27	357.73	13.25	.001	17.89	.01
@PODIATRIST	440	572	\$ 11,353.83	\$ 19.85	.013	\$ 25.80	\$.27
MEDICINE/INJECTIONS	223	251	7,163.99	28.54	.006	32.13	.17
SURGERY/ANES.	6	6	912.95	152.16	.000	152.16	.02
RADIO./PATHOLOGY	5	5	86.50	17.30	.000	17.30	.00
OTHER	213	310	3,190.39	10.29	.007	14.98	.08
@HOME HEALTH AGENCY	220	9,082	\$ 311,601.06	\$ 34.31	.214	\$ 1416.37	\$ 7.35
NURSE ANESTHESIST	29	341	\$ 3,887.97	\$ 11.40	.008	\$ 134.07	\$.09
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$ 33.24	\$ 11.08	.000	\$ 33.24	\$.00
FAMILY NURSE PRACTITIONER	8	8	\$ 231.60	\$ 28.95	.000	\$ 28.95	\$.01
@TOTAL HOSPITAL	6,308	38,115	\$ 7,198,238.82	\$ 188.86	.899	\$ 1141.13	\$ 169.83
HOSP INPATIENT TOTAL	716	3,817	6,033,340.96	1580.65	.090	8426.45	142.34
HSC HOSPITALS	347	2,530	3,766,102.30	1488.58	.060	10853.32	88.85
NON-HSC HOSPITAL TOTAL	190	1,287	2,105,445.30	1635.93	.030	11081.29	49.67
ACCOMMODATIONS	190	1,287	630,440.50	489.85	.030	3318.11	14.87
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	189	1,284	629,746.60	490.46	.030	3331.99	14.86
ANCILLARIES	190	0	1,475,004.80	.00	.000	7763.18	34.80

INPATIENT CROSSOVERS	194	0	161,793.36	.00	.000	833.99	3.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,857	34,298	1,164,897.86	33.96	.809	198.89	27.48
MEDICAL	1,401	3,358	193,281.21	57.56	.079	137.96	4.56
SURGERY	452	546	44,721.55	81.91	.013	98.94	1.06
PATHOLOGY	1,944	9,998	119,975.76	12.00	.236	61.72	2.83
RADIOLOGY	1,656	2,473	226,912.03	91.76	.058	137.02	5.35
ROOM USE	2,477	3,896	162,358.56	41.67	.092	65.55	3.83
CROSSOVERS/ALL OTH OUTPTNT	3,001	14,027	417,648.75	29.77	.331	139.17	9.85
@COUNTY HOSPITAL TOTAL	37	123	\$ 24,631.21	\$ 200.25	.003	\$ 665.71	\$.58
CO HOSPITAL INPATIENT TOTAL	4	24	22,151.01	922.96	.001	5537.75	.52
HSC HOSPITALS	1	3	3,300.00	1100.00	.000	3300.00	.08
NON-HSC HOSPITALS TOTAL	3	21	18,851.01	897.67	.000	6283.67	.44
ACCOMMODATIONS	3	21	10,141.20	482.91	.000	3380.40	.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	10,141.20	482.91	.000	3380.40	.24
ANCILLARIES	3	0	8,709.81	.00	.000	2903.27	.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	99	2,480.20	25.05	.002	75.16	.06
MEDICAL	19	30	991.76	33.06	.001	52.20	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	17	116.49	6.85	.000	58.25	.00
RADIOLOGY	4	6	156.74	26.12	.000	39.19	.00
ROOM USE	22	24	896.53	37.36	.001	40.75	.02
CROSSOVERS/ALL OTH OUTPTNT	12	22	318.68	14.49	.001	26.56	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
42,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,281	37,992	\$ 7,173,607.61	\$ 188.82	.896	\$ 1142.11	\$ 169.24	
COMM HOSP INPATIENT TOTAL	714	3,793	6,011,189.95	1584.81	.089	8419.03	141.82	
HSC HOSPITALS	346	2,527	3,762,802.30	1489.04	.060	10875.15	88.77	
NON-HSC HOSPITALS TOTAL	188	1,266	2,086,594.29	1648.18	.030	11098.91	49.23	
ACCOMMODATIONS	188	1,266	620,299.30	489.97	.030	3299.46	14.63	
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	187	1,263	619,605.40	490.58	.030	3313.40	14.62	
ANCILLARIES	188	0	1,466,294.99	.00	.000	7799.44	34.59	
INPATIENT CROSSOVERS	194	0	161,793.36	.00	.000	833.99	3.82	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,832	34,199	1,162,417.66	33.99	.807	199.32	27.42	
MEDICAL	1,384	3,328	192,289.45	57.78	.079	138.94	4.54	
SURGERY	452	546	44,721.55	81.91	.013	98.94	1.06	
PATHOLOGY	1,942	9,981	119,859.27	12.01	.235	61.72	2.83	
RADIOLOGY	1,652	2,467	226,755.29	91.92	.058	137.26	5.35	
ROOM USE	2,461	3,872	161,462.03	41.70	.091	65.61	3.81	
CROSSOVERS/ALL OTH OUTPTNT	2,989	14,005	417,330.07	29.80	.330	139.62	9.85	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	424	10,942	\$ 1,524,629.25	\$ 139.34	.258	\$ 3595.82	\$ 35.97	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	43	1,326		166,048.47	125.23	.031	3861.59	3.92
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	89		40,073.59	450.27	.002	20036.80	.95
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	381	9,527		1,318,507.19	138.40	.225	3460.65	31.11
@INTERMEDIATE CARE FACIL.-DD	262	8,132	\$	1,677,698.20	\$ 206.31	.192	\$ 6403.43	\$ 39.58
ICF DDH	16	466		78,754.65	169.00	.011	4922.17	1.86
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	246	7,666		1,598,943.55	208.58	.181	6499.77	37.72
@HEMODIALYSIS TOTAL	328	2,358	\$	222,555.42	\$ 94.38	.056	\$ 678.52	\$ 5.25
HOSPITAL BASED	1	2		5,228.04	2614.02	.000	5228.04	.12
HEMODIALYSIS CENTER	327	2,356		217,327.38	92.24	.056	664.61	5.13
@REHABILITATION FACILITY	139	518	\$	16,824.21	\$ 32.48	.012	\$ 121.04	\$.40
HOSPITAL BASED	135	507		16,562.62	32.67	.012	122.69	.39
INDEPENDENT FACILITY	4	11		261.59	23.78	.000	65.40	.01
@LABORATORY FACILITY	2,537	11,596	\$	122,120.19	\$ 10.53	.274	\$ 48.14	\$ 2.88
PATHOLOGY	2,522	11,563		121,774.26	10.53	.273	48.28	2.87
XO AND OTHERS	15	33		345.93	10.48	.001	23.06	.01
@ORGANIZED OUTPATIENT CLINIC	9,155	15,713	\$	1,773,581.00	\$ 112.87	.371	\$ 193.73	\$ 41.84
CLINIC	71	236		5,773.82	24.47	.006	81.32	.14
SURGICENTER	188	768		26,885.80	35.01	.018	143.01	.63
HEROIN DETOX CLINIC	13	139		1,555.52	11.19	.003	119.66	.04
RURAL HEALTH CLINIC	8,975	14,570		1,739,365.86	119.38	.344	193.80	41.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,164
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

----- MONTHLY AVERAGE -----								
42,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,926	1,221,615	\$ 1,183,370.57	\$.97	28.821	\$ 199.69	\$ 27.92	
DURABLE MED. EQUIP.	654	1,975	266,061.24	134.71	.047	406.82	6.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	31	50	15,762.90	315.26	.001	508.48	.37	
MEDICAL TRANSPORTATION	974	47,749	260,942.91	5.46	1.127	267.91	6.16	
AMBULANCES/AIR TRANS	767	13,345	147,873.20	11.08	.315	192.79	3.49	
OTHER TRANS	199	33,953	101,778.88	3.00	.801	511.45	2.40	
OTHER SERVICES	50	451	11,290.83	25.04	.011	225.82	.27	
ACUPUNCTURE	13	27	459.56	17.02	.001	35.35	.01	
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.031	1013.87	2.18	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	86	612	35,621.65	58.21	.014	414.21	.84	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	931	2,162	25,930.46	11.99	.051	27.85	.61	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	22	51	718.47	14.09	.001	32.66	.02	
PROSTHETIST/ORTHOTISTS	80	285	39,382.49	138.18	.007	492.28	.93	
PROSTHETICS	79	284	39,343.66	138.53	.007	498.02	.93	
ORTHOTICS	1	1	38.83	38.83	.000	38.83	.00	
PSYCHOLOGIST	7	24	1,813.83	75.58	.001	259.12	.04	
SPEECH AND AUDIOLOGY	160	494	35,799.99	72.47	.012	223.75	.84	
HOSPICE SERVICES	5	164	20,272.93	123.62	.004	4054.59	.48	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	941	44,388	193,073.96	4.35	1.047	205.18	4.56	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	2,438	1,122,302		194,952.60		.17	26.478	79.96	4.60
@CALIF. CHILDREN SERVICES*	1,241	29,721	\$	2,981,979.70	\$	100.33	.701	\$ 2402.88	\$ 70.35
@XOVER EXCLUDING STATE HOSP**	5,912	71,396	\$	855,294.52	\$	11.98	1.684	\$ 144.67	\$ 20.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
97,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	50,865	251,653	\$ 12,443,391.89	\$ 49.45	2.577	\$ 244.64	\$ 127.44	
@PHYSICIANS SERVICES	17,257	39,253	\$ 1,588,540.25	\$ 40.47	.402	\$ 92.05	\$ 16.27	
OUTPATIENT VISITS	13,450	19,104	649,718.67	34.01	.196	48.31	6.65	
OFFICE VISITS	10,270	13,345	406,293.51	30.45	.137	39.56	4.16	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2,714	2,983	156,009.40	52.30	.031	57.48	1.60	
PREVENTIVE CARE	14	14	592.82	42.34	.000	42.34	.01	
OB VISITS/COMPRE PERI	556	2,262	71,882.44	31.78	.023	129.28	.74	
OTHER OUTPATIENT	436	500	14,940.50	29.88	.005	34.27	.15	
INPATIENT VISITS	530	1,508	98,153.02	65.09	.015	185.19	1.01	
HOSPITAL VISITS	498	1,221	58,931.94	48.27	.013	118.34	.60	
CRITICAL CARE	46	287	39,221.08	136.66	.003	852.63	.40	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	343	378	17,068.59	45.16	.004	49.76	.17	
EXAMINATIONS	337	372	16,958.59	45.59	.004	50.32	.17	
SERVICES AND MATERIALS	6	6	110.00	18.33	.000	18.33	.00	
INPATIENT HOSPITAL SURGERY	512	1,590	299,914.64	188.63	.016	585.77	3.07	
PRINCIPAL SURGEON	362	518	260,755.77	503.39	.005	720.32	2.67	
ASSISTANT SURGEON	70	69	11,742.83	170.19	.001	167.75	.12	
ANESTHESIOLOGIST	160	1,003	27,416.04	27.33	.010	171.35	.28	

OUTPATIENT SURGERY	967	1,913	141,803.26	74.13	.020	146.64	1.45
PRINCIPAL SURGEON	805	962	115,278.33	119.83	.010	143.20	1.18
ASSISTANT SURGEON	7	7	977.27	139.61	.000	139.61	.01
ANESTHESIOLOGIST	231	944	25,547.66	27.06	.010	110.60	.26
DIALYSIS	1	9	721.60	80.18	.000	721.60	.01
PATHOLOGY	2,106	3,375	44,083.81	13.06	.035	20.93	.45
RADIOLOGY	2,827	4,011	108,932.18	27.16	.041	38.53	1.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	378	1,385	116,666.84	84.24	.014	308.64	1.19
OTHER SERVICES/ALL X-OVERS	1,913	5,980	111,477.64	18.64	.061	58.27	1.14
@PHARMACY	25,839	75,701	\$ 2,884,129.12	\$ 38.10	.775	\$ 111.62	\$ 29.54
PRESCRIPTION DRUGS	25,668	67,094	2,817,095.24	41.99	.687	109.75	28.85
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	25,668	67,094	2,817,095.24	41.99	.687	109.75	28.85
MEDICAL SUPPLIES	1,054	8,607	67,033.88	7.79	.088	63.60	.69
@DENTIST	6,152	38,448	\$ 882,762.14	\$ 22.96	.394	\$ 143.49	\$ 9.04
VISITS - DIAGNOSTIC	4,214	28,620	308,181.45	10.77	.293	73.13	3.16
ORAL SURGERY	927	1,670	99,027.73	59.30	.017	106.83	1.01
DRUGS	136	223	4,198.75	18.83	.002	30.87	.04
ANESTHESIA	48	49	4,700.00	95.92	.001	97.92	.05
PERIODONTICS	217	224	17,691.00	78.98	.002	81.53	.18
ENDODONTICS	378	688	81,996.75	119.18	.007	216.92	.84
RESTORATIVE DENTISTRY	2,393	6,100	308,232.80	50.53	.062	128.81	3.16
PROSTHETICS	9	9	150.00	16.67	.000	16.67	.00
DENTURES, STAYPLATES	43	174	15,114.75	86.87	.002	351.51	.15
SPACE MAINTAINERS	46	65	7,296.00	112.25	.001	158.61	.07
MAXILLOFACIAL SERVICES	61	61	6,057.91	99.31	.001	99.31	.06
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.01
ORTHODONTIC SERVICES	293	342	27,640.00	80.82	.004	94.33	.28
ALL OTHER SERVICES	132	222	1,275.00	5.74	.002	9.66	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,166
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

		----- MONTHLY AVERAGE -----						
97,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	843	2,175	\$ 49,398.72	\$ 22.71	.022	\$ 58.60	\$.51	
DIAGNOSTIC AND ANC. PROCED	619	709	27,973.51	39.45	.007	45.19	.29	
EYE APPLIANCES	543	1,464	21,389.80	14.61	.015	39.39	.22	
OTHER OPTOMETRIC SERVICES	2	2	35.41	17.71	.000	17.71	.00	
@CHIROPRACTOR	308	466	\$ 7,774.80	\$ 16.68	.005	\$ 25.24	\$.08	
VISITS	308	466	7,774.80	16.68	.005	25.24	.08	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	96	115	\$ 3,796.62	\$ 33.01	.001	\$ 39.55	\$.04	
MEDICINE/INJECTIONS	96	111	3,595.96	32.40	.001	37.46	.04	
SURGERY/ANES.	1	1	84.14	84.14	.000	84.14	.00	
RADIO./PATHOLOGY	2	2	41.52	20.76	.000	20.76	.00	
OTHER	1	1	75.00	75.00	.000	75.00	.00	
@HOME HEALTH AGENCY	30	73	\$ 4,893.52	\$ 67.03	.001	\$ 163.12	\$.05	
NURSE ANESTHESIST	23	390	\$ 4,920.17	\$ 12.62	.004	\$ 213.92	\$.05	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	9	19	\$ 334.37	\$ 17.60	.000	\$ 37.15	\$.00	
@TOTAL HOSPITAL	6,965	25,524	\$ 3,282,674.41	\$ 128.61	.261	\$ 471.31	\$ 33.62	
HOSP INPATIENT TOTAL	522	1,928	2,556,800.89	1326.14	.020	4898.09	26.19	
HSC HOSPITALS	346	1,168	1,875,375.02	1605.63	.012	5420.16	19.21	

NON-HSC HOSPITAL TOTAL	178	760	681,425.87	896.61	.008	3828.24	6.98
ACCOMMODATIONS	178	760	229,992.34	302.62	.008	1292.09	2.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	178	760	229,992.34	302.62	.008	1292.09	2.36
ANCILLARIES	178	0	451,433.53	.00	.000	2536.14	4.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,609	23,596	725,873.52	30.76	.242	109.83	7.43
MEDICAL	1,686	2,364	105,140.58	44.48	.024	62.36	1.08
SURGERY	707	914	53,414.37	58.44	.009	75.55	.55
PATHOLOGY	2,012	7,085	80,843.92	11.41	.073	40.18	.83
RADIOLOGY	1,828	2,414	165,474.70	68.55	.025	90.52	1.69
ROOM USE	4,416	5,591	224,899.58	40.23	.057	50.93	2.30
CROSSOVERS/ALL OTH OUTPTNT	2,518	5,228	96,100.37	18.38	.054	38.17	.98
@COUNTY HOSPITAL TOTAL	25	85	\$ 7,590.31	\$ 89.30	.001	\$ 303.61	\$.08
CO HOSPITAL INPATIENT TOTAL	1	4	5,408.00	1352.00	.000	5408.00	.06
HSC HOSPITALS	1	4	5,408.00	1352.00	.000	5408.00	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	24	81	2,182.31	26.94	.001	90.93	.02
MEDICAL	7	7	373.46	53.35	.000	53.35	.00
SURGERY	1	1	18.61	18.61	.000	18.61	.00
PATHOLOGY	8	34	339.15	9.98	.000	42.39	.00
RADIOLOGY	4	10	227.60	22.76	.000	56.90	.00
ROOM USE	16	18	706.75	39.26	.000	44.17	.01
CROSSOVERS/ALL OTH OUTPTNT	10	11	516.74	46.98	.000	51.67	.01

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MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

97,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,942	25,439	\$ 3,275,084.10	\$ 128.74	.261	\$ 471.78	\$ 33.54
COMM HOSP INPATIENT TOTAL	521	1,924	2,551,392.89	1326.09	.020	4897.11	26.13
HSC HOSPITALS	345	1,164	1,869,967.02	1606.50	.012	5420.19	19.15
NON-HSC HOSPITALS TOTAL	178	760	681,425.87	896.61	.008	3828.24	6.98
ACCOMMODATIONS	178	760	229,992.34	302.62	.008	1292.09	2.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	178	760	229,992.34	302.62	.008	1292.09	2.36
ANCILLARIES	178	0	451,433.53	.00	.000	2536.14	4.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,586	23,515	723,691.21	30.78	.241	109.88	7.41
MEDICAL	1,679	2,357	104,767.12	44.45	.024	62.40	1.07
SURGERY	706	913	53,395.76	58.48	.009	75.63	.55
PATHOLOGY	2,004	7,051	80,504.77	11.42	.072	40.17	.82
RADIOLOGY	1,824	2,404	165,247.10	68.74	.025	90.60	1.69
ROOM USE	4,401	5,573	224,192.83	40.23	.057	50.94	2.30

CROSSOVERS/ALL OTH OUTPTNT	2,508	5,217		95,583.63	18.32	.053	38.11	.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	478.60	\$ 478.60	.000	\$ 478.60	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		478.60	478.60	.000	478.60	.00
@REHABILITATION FACILITY	106	292	\$	10,511.87	\$ 36.00	.003	\$ 99.17	\$.11
HOSPITAL BASED	105	291		10,490.68	36.05	.003	99.91	.11
INDEPENDENT FACILITY	1	1		21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	2,499	9,498	\$	115,722.46	\$ 12.18	.097	\$ 46.31	\$ 1.19
PATHOLOGY	2,493	9,492		115,365.46	12.15	.097	46.28	1.18
XO AND OTHERS	6	6		357.00	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	15,284	23,798	\$	3,403,758.12	\$ 143.03	.244	\$ 222.70	\$ 34.86
CLINIC	784	3,129		70,021.68	22.38	.032	89.31	.72
SURGICENTER	136	610		23,723.37	38.89	.006	174.44	.24
HEROIN DETOX CLINIC	9	82		966.97	11.79	.001	107.44	.01
RURAL HEALTH CLINIC	14,530	19,977		3,309,046.10	165.64	.205	227.74	33.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,168
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
97,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,315	35,900	\$ 203,696.72	\$ 5.67	.368	\$ 47.21	\$ 2.09	
DURABLE MED. EQUIP.	62	74	8,732.63	118.01	.001	140.85	.09	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	817.29	817.29	.000	817.29	.01	
MEDICAL TRANSPORTATION	477	7,137	74,350.89	10.42	.073	155.87	.76	
AMBULANCES/AIR TRANS	477	7,132	69,456.13	9.74	.073	145.61	.71	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	5	4,894.76	978.95	.000	1223.69	.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	88	88	9,240.00	105.00	.001	105.00	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	971	2,062	19,179.20	9.30	.021	19.75	.20	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	41	66	3,917.64	59.36	.001	95.55	.04	
PROSTHETICS	40	65	3,873.56	59.59	.001	96.84	.04	
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00	
PSYCHOLOGIST	17	65	3,606.39	55.48	.001	212.14	.04	
SPEECH AND AUDIOLOGY	4	6	1,529.65	254.94	.000	382.41	.02	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,605	7,046	79,873.58	11.34	.072	30.66	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	97	19,355	2,449.45	.13	.198	25.25	.03
@CALIF. CHILDREN SERVICES*	292	9,781	\$ 496,629.18	\$ 50.77	.100	\$ 1700.78	\$ 5.09
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 555.26	\$ 138.82	.000	\$ 185.09	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,169

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

157,747 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100,748	3,901,529	\$ 48,485,134.67	\$ 12.43	24.733	\$ 481.25	\$ 307.36
@PHYSICIANS SERVICES	32,173	103,129	\$ 3,569,554.06	\$ 34.61	.654	\$ 110.95	\$ 22.63
OUTPATIENT VISITS	19,510	28,780	1,013,168.16	35.20	.182	51.93	6.42
OFFICE VISITS	14,558	19,855	604,259.37	30.43	.126	41.51	3.83
HOME VISITS	45	75	2,815.98	37.55	.000	62.58	.02
EMERGENCY ROOM	4,094	4,865	275,963.21	56.72	.031	67.41	1.75
PREVENTIVE CARE	27	27	1,163.40	43.09	.000	43.09	.01
OB VISITS/COMPRE PERI	587	2,473	77,721.79	31.43	.016	132.41	.49
OTHER OUTPATIENT	1,171	1,485	51,244.41	34.51	.009	43.76	.32
INPATIENT VISITS	1,476	6,597	395,037.33	59.88	.042	267.64	2.50
HOSPITAL VISITS	1,226	5,383	257,162.82	47.77	.034	209.76	1.63
CRITICAL CARE	134	844	125,611.39	148.83	.005	937.40	.80
SNF/ICF/TRANS IP CARE	202	370	12,263.12	33.14	.002	60.71	.08
OPHTHALMOLOGICAL SERVICES	798	900	35,105.03	39.01	.006	43.99	.22
EXAMINATIONS	790	892	34,939.74	39.17	.006	44.23	.22
SERVICES AND MATERIALS	8	8	165.29	20.66	.000	20.66	.00
INPATIENT HOSPITAL SURGERY	840	3,560	474,973.41	133.42	.023	565.44	3.01
PRINCIPAL SURGEON	607	913	399,601.78	437.68	.006	658.32	2.53
ASSISTANT SURGEON	97	98	17,784.73	181.48	.001	183.35	.11
ANESTHESIOLOGIST	269	2,549	57,586.90	22.59	.016	214.08	.37
OUTPATIENT SURGERY	1,682	3,535	293,177.79	82.94	.022	174.30	1.86
PRINCIPAL SURGEON	1,395	1,684	246,148.62	146.17	.011	176.45	1.56
ASSISTANT SURGEON	16	25	1,924.17	76.97	.000	120.26	.01
ANESTHESIOLOGIST	387	1,826	45,105.00	24.70	.012	116.55	.29
DIALYSIS	53	300	15,945.77	53.15	.002	300.86	.10
PATHOLOGY	3,501	6,936	88,976.05	12.83	.044	25.41	.56
RADIOLOGY	5,535	9,523	300,826.38	31.59	.060	54.35	1.91
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	793	10,754	400,093.33	37.20	.068	504.53	2.54
OTHER SERVICES/ALL X-OVERS	10,014	32,241	552,060.91	17.12	.204	55.13	3.50
@PHARMACY	66,430	1,905,011	\$ 19,506,256.89	\$ 10.24	12.076	\$ 293.64	\$ 123.66
PRESCRIPTION DRUGS	65,238	246,844	18,648,162.97	75.55	1.565	285.85	118.22
SNF/ICF	1,109	7,475	610,857.24	81.72	.047	550.82	3.87
OUTPATIENTS	64,280	239,369	18,037,305.73	75.35	1.517	280.61	114.34
MEDICAL SUPPLIES	7,802	1,658,167	858,093.92	.52	10.512	109.98	5.44
@DENTIST	9,537	54,828	\$ 1,423,742.83	\$ 25.97	.348	\$ 149.29	\$ 9.03
VISITS - DIAGNOSTIC	6,539	39,638	423,920.18	10.69	.251	64.83	2.69
ORAL SURGERY	1,459	2,953	178,493.98	60.44	.019	122.34	1.13

DRUGS	161	278	5,123.75	18.43	.002	31.82	.03
ANESTHESIA	67	68	6,500.00	95.59	.000	97.01	.04
PERIODONTICS	665	694	60,872.50	87.71	.004	91.54	.39
ENDODONTICS	543	947	134,366.75	141.89	.006	247.45	.85
RESTORATIVE DENTISTRY	3,189	7,962	427,304.35	53.67	.050	133.99	2.71
PROSTHETICS	62	64	1,550.00	24.22	.000	25.00	.01
DENTURES, STAYPLATES	508	1,408	137,397.18	97.58	.009	270.47	.87
SPACE MAINTAINERS	49	70	7,518.00	107.40	.000	153.43	.05
MAXILLOFACIAL SERVICES	78	81	8,101.14	100.01	.001	103.86	.05
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.01
ORTHODONTIC SERVICES	310	366	29,805.00	81.43	.002	96.15	.19
ALL OTHER SERVICES	196	298	1,590.00	5.34	.002	8.11	.01

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,170
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	157,747 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,799		4,563 \$	101,656.85	\$ 22.28	.029	\$ 56.51	\$.64
DIAGNOSTIC AND ANC. PROCED	1,069		1,220	46,935.12	38.47	.008	43.91	.30
EYE APPLIANCES	1,178		3,143	49,501.86	15.75	.020	42.02	.31
OTHER OPTOMETRIC SERVICES	138		200	5,219.87	26.10	.001	37.83	.03
@CHIROPRACTOR	615		913 \$	15,030.02	\$ 16.46	.006	\$ 24.44	\$.10
VISITS	573		852	14,224.54	16.70	.005	24.82	.09
OTHER SERVICES	42		61	805.48	13.20	.000	19.18	.01
@PODIATRIST	741		978 \$	17,848.37	\$ 18.25	.006	\$ 24.09	\$.11
MEDICINE/INJECTIONS	325		368	10,903.95	29.63	.002	33.55	.07
SURGERY/ANES.	7		7	997.09	142.44	.000	142.44	.01
RADIO./PATHOLOGY	7		7	128.02	18.29	.000	18.29	.00
OTHER	413		596	5,819.31	9.76	.004	14.09	.04
@HOME HEALTH AGENCY	262		9,349 \$	323,676.74	\$ 34.62	.059	\$ 1235.41	\$ 2.05
NURSE ANESTHESIST	60		748 \$	8,936.86	\$ 11.95	.005	\$ 148.95	\$.06

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$	11.08	.000	\$	33.24	\$	.00
FAMILY NURSE PRACTITIONER	17	27	\$	565.97	\$	20.96	.000	\$	33.29	\$	.00
@TOTAL HOSPITAL	14,446	68,314	\$	11,361,894.44	\$	166.32	.433	\$	786.51	\$	72.03
HOSP INPATIENT TOTAL	1,457	6,280		9,353,659.87		1489.44	.040		6419.81		59.30
HSC HOSPITALS	732	4,029		6,022,184.66		1494.71	.026		8227.03		38.18
NON-HSC HOSPITAL TOTAL	402	2,251		3,048,167.05		1354.14	.014		7582.51		19.32
ACCOMMODATIONS	402	2,251		934,628.50		415.21	.014		2324.95		5.92
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	401	2,248		933,934.60		415.45	.014		2329.01		5.92
ANCILLARIES	402	0		2,113,538.55		.00	.000		5257.56		13.40
INPATIENT CROSSOVERS	341	0		283,308.16		.00	.000		830.82		1.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,478	62,034		2,008,234.57		32.37	.393		149.00		12.73
MEDICAL	3,116	5,773		300,403.17		52.04	.037		96.41		1.90
SURGERY	1,173	1,477		100,629.48		68.13	.009		85.79		.64
PATHOLOGY	4,001	17,344		204,188.48		11.77	.110		51.03		1.29
RADIOLOGY	3,535	4,966		400,841.20		80.72	.031		113.39		2.54
ROOM USE	6,956	9,597		391,809.78		40.83	.061		56.33		2.48
CROSSOVERS/ALL OTH OUTPTNT	6,461	22,877		610,362.46		26.68	.145		94.47		3.87
@COUNTY HOSPITAL TOTAL	75	259	\$	38,882.01	\$	150.12	.002	\$	518.43	\$	.25
CO HOSPITAL INPATIENT TOTAL	7	33		33,249.81		1007.57	.000		4749.97		.21
HSC HOSPITALS	3	12		13,817.94		1151.50	.000		4605.98		.09
NON-HSC HOSPITALS TOTAL	3	21		18,851.01		897.67	.000		6283.67		.12
ACCOMMODATIONS	3	21		10,141.20		482.91	.000		3380.40		.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	21		10,141.20		482.91	.000		3380.40		.06
ANCILLARIES	3	0		8,709.81		.00	.000		2903.27		.06
INPATIENT CROSSOVERS	1	0		580.86		.00	.000		580.86		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	69	226		5,632.20		24.92	.001		81.63		.04
MEDICAL	27	37		1,365.22		36.90	.000		50.56		.01
SURGERY	1	1		18.61		18.61	.000		18.61		.00
PATHOLOGY	11	51		455.64		8.93	.000		41.42		.00
RADIOLOGY	8	16		384.34		24.02	.000		48.04		.00
ROOM USE	39	42		1,603.28		38.17	.000		41.11		.01
CROSSOVERS/ALL OTH OUTPTNT	33	79		1,805.11		22.85	.001		54.70		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	157,747 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,385	68,055	\$	11,323,012.43	\$ 166.38	.431	\$ 787.14	\$ 71.78
COMM HOSP INPATIENT TOTAL	1,452	6,247		9,320,410.06	1491.98	.040	6419.02	59.08
HSC HOSPITALS	729	4,017		6,008,366.72	1495.73	.025	8241.93	38.09
NON-HSC HOSPITALS TOTAL	400	2,230		3,029,316.04	1358.44	.014	7573.29	19.20
ACCOMMODATIONS	400	2,230		924,487.30	414.57	.014	2311.22	5.86
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	399	2,227		923,793.40	414.82	.014	2315.27	5.86
ANCILLARIES	400	0		2,104,828.74	.00	.000	5262.07	13.34
INPATIENT CROSSOVERS	340	0		282,727.30	.00	.000	831.55	1.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	13,420	61,808		2,002,602.37		32.40	.392	149.23	12.70
MEDICAL	3,091	5,736		299,037.95		52.13	.036	96.74	1.90
SURGERY	1,172	1,476		100,610.87		68.16	.009	85.85	.64
PATHOLOGY	3,990	17,293		203,732.84		11.78	.110	51.06	1.29
RADIOLOGY	3,527	4,950		400,456.86		80.90	.031	113.54	2.54
ROOM USE	6,924	9,555		390,206.50		40.84	.061	56.36	2.47
CROSSOVERS/ALL OTH OUTPTNT	6,430	22,798		608,557.35		26.69	.145	94.64	3.86
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	775	19,060	\$	2,787,886.16	\$	146.27	.121	\$ 3597.27	\$ 17.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	43	1,326		166,048.47		125.23	.008	3861.59	1.05
LEV B-SUBACUTE FREESTANDING	6	146		50,315.67		344.63	.001	8385.95	.32
LEV B-SUBACUTE HSPTL BASED	6	219		107,597.91		491.31	.001	17932.99	.68
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	722	17,369		2,463,924.11		141.86	.110	3412.64	15.62
@INTERMEDIATE CARE FACIL.-DD	270	8,394	\$	1,722,381.81	\$	205.19	.053	\$ 6379.19	\$ 10.92
ICF DDH	24	728		123,438.26		169.56	.005	5143.26	.78
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	246	7,666		1,598,943.55		208.58	.049	6499.77	10.14
@HEMODIALYSIS TOTAL	491	2,655	\$	301,382.72	\$	113.52	.017	\$ 613.81	\$ 1.91
HOSPITAL BASED	1	2		5,228.04		2614.02	.000	5228.04	.03
HEMODIALYSIS CENTER	490	2,653		296,154.68		111.63	.017	604.40	1.88
@REHABILITATION FACILITY	249	820	\$	27,541.23	\$	33.59	.005	\$ 110.61	\$.17
HOSPITAL BASED	242	800		27,181.66		33.98	.005	112.32	.17
INDEPENDENT FACILITY	7	20		359.57		17.98	.000	51.37	.00
@LABORATORY FACILITY	5,143	21,539	\$	242,379.17	\$	11.25	.137	\$ 47.13	\$ 1.54
PATHOLOGY	5,113	21,485		241,556.50		11.24	.136	47.24	1.53
XO AND OTHERS	30	54		822.67		15.23	.000	27.42	.01
@ORGANIZED OUTPATIENT CLINIC	26,714	43,039	\$	5,340,481.29	\$	124.08	.273	\$ 199.91	\$ 33.85
CLINIC	856	3,370		76,306.16		22.64	.021	89.14	.48
SURGICENTER	354	1,417		53,659.37		37.87	.009	151.58	.34
HEROIN DETOX CLINIC	23	227		2,610.09		11.50	.001	113.48	.02
RURAL HEALTH CLINIC	25,752	38,025		5,207,905.67		136.96	.241	202.23	33.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,172
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL								

					----- MONTHLY AVERAGE -----			
157,747 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	12,633	1,658,159	\$ 1,733,886.02	\$ 1.05	10.512	\$ 137.25	\$ 10.99	
DURABLE MED. EQUIP.	757	2,145	290,768.69	135.56	.014	384.11	1.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	93	140	42,371.95	302.66	.001	455.61	.27	
MEDICAL TRANSPORTATION	1,698	88,267	434,890.01	4.93	.560	256.12	2.76	
AMBULANCES/AIR TRANS	1,318	21,773	230,943.04	10.61	.138	175.22	1.46	
OTHER TRANS	368	65,728	187,382.26	2.85	.417	509.19	1.19	
OTHER SERVICES	71	766	16,564.71	21.62	.005	233.31	.11	
ACUPUNCTURE	14	33	567.69	17.20	.000	40.55	.00	
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.008	1013.87	.58	
GENETIC DISEASE TESTING	91	91	9,555.00	105.00	.001	105.00	.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	297	1,448	110,031.88	75.99	.009	370.48	.70	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,271	5,088	55,629.10	10.93	.032	24.50	.35	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	29	60	728.44	12.14	.000	25.12	.00
PROSTHETIST/ORTHOTISTS	128	362	43,966.45	121.45	.002	343.49	.28
PROSTHETICS	126	360	43,883.54	121.90	.002	348.28	.28
ORTHOTICS	2	2	82.91	41.46	.000	41.46	.00
PSYCHOLOGIST	24	89	5,420.22	60.90	.001	225.84	.03
SPEECH AND AUDIOLOGY	237	634	64,190.95	101.25	.004	270.85	.41
HOSPICE SERVICES	7	194	23,604.55	121.67	.001	3372.08	.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,565	53,138	281,012.50	5.29	.337	78.83	1.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,082	1,505,141	278,886.01	.19	9.541	68.32	1.77
@CALIF. CHILDREN SERVICES*	1,572	41,449	\$ 3,599,516.30	\$ 86.84	.263	\$ 2289.77	\$ 22.82
@XOVER EXCLUDING STATE HOSP**	11,009	132,100	\$ 1,524,769.86	\$ 11.54	.837	\$ 138.50	\$ 9.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,173
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

5,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,486	206,173	\$ 1,957,327.89	\$ 9.49	37.816	\$ 436.32	\$ 359.01
@PHYSICIANS SERVICES	1,064	3,535	\$ 99,894.53	\$ 28.26	.648	\$ 93.89	\$ 18.32
OUTPATIENT VISITS	229	335	13,265.89	39.60	.061	57.93	2.43
OFFICE VISITS	203	296	10,295.64	34.78	.054	50.72	1.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	38	2,924.49	76.96	.007	86.01	.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.01
INPATIENT VISITS	27	153	6,919.14	45.22	.028	256.26	1.27
HOSPITAL VISITS	18	128	5,301.94	41.42	.023	294.55	.97
CRITICAL CARE	4	9	906.30	100.70	.002	226.58	.17
SNF/ICF/TRANS IP CARE	10	16	710.90	44.43	.003	71.09	.13
OPHTHALMOLOGICAL SERVICES	43	49	1,503.89	30.69	.009	34.97	.28
EXAMINATIONS	43	49	1,503.89	30.69	.009	34.97	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	30	2,268.71	75.62	.006	189.06	.42
PRINCIPAL SURGEON	8	11	1,714.96	155.91	.002	214.37	.31
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.02
ANESTHESIOLOGIST	4	18	452.67	25.15	.003	113.17	.08
OUTPATIENT SURGERY	53	105	20,981.93	199.83	.019	395.89	3.85
PRINCIPAL SURGEON	43	52	19,353.43	372.18	.010	450.08	3.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	53	1,628.50	30.73	.010	125.27	.30
DIALYSIS	1	2	144.32	72.16	.000	144.32	.03
PATHOLOGY	102	181	2,671.27	14.76	.033	26.19	.49
RADIOLOGY	119	206	5,695.73	27.65	.038	47.86	1.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15	7,530.60	502.04	.003	537.90	1.38
OTHER SERVICES/ALL X-OVERS	776	2,459	38,913.05	15.82	.451	50.15	7.14
@PHARMACY	3,605	169,612	\$ 1,067,416.51	\$ 6.29	31.110	\$ 296.09	\$ 195.78
PRESCRIPTION DRUGS	3,486	13,762	1,019,592.71	74.09	2.524	292.48	187.01

SNF/ICF	85	561		29,250.46	52.14	.103	344.12	5.37
OUTPATIENTS	3,415	13,201		990,342.25	75.02	2.421	290.00	181.65
MEDICAL SUPPLIES	569	155,850		47,823.80	.31	28.586	84.05	8.77
@DENTIST	215	949	\$	39,110.25	\$ 41.21	.174	\$ 181.91	\$ 7.17
VISITS - DIAGNOSTIC	147	593		6,504.25	10.97	.109	44.25	1.19
ORAL SURGERY	32	89		5,920.00	66.52	.016	185.00	1.09
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	19	19		1,741.00	91.63	.003	91.63	.32
ENDODONTICS	7	9		1,556.00	172.89	.002	222.29	.29
RESTORATIVE DENTISTRY	39	110		6,537.00	59.43	.020	167.62	1.20
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	49	110		16,822.00	152.93	.020	343.31	3.09
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	18		.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,174
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

5,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	89	205	\$ 4,136.57	\$ 20.18	.038	\$ 46.48	\$.76
DIAGNOSTIC AND ANC. PROCED	12	14	450.95	32.21	.003	37.58	.08
EYE APPLIANCES	52	138	2,306.92	16.72	.025	44.36	.42
OTHER OPTOMETRIC SERVICES	33	53	1,378.70	26.01	.010	41.78	.25
@CHIROPRACTOR	8	13	\$ 162.18	\$ 12.48	.002	\$ 20.27	\$.03
VISITS	2	5	83.60	16.72	.001	41.80	.02
OTHER SERVICES	6	8	78.58	9.82	.001	13.10	.01
@PODIATRIST	40	58	\$ 622.72	\$ 10.74	.011	\$ 15.57	\$.11
MEDICINE/INJECTIONS	7	7	211.50	30.21	.001	30.21	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	33	51	411.22	8.06	.009	12.46	.08
@HOME HEALTH AGENCY	8	30	\$ 2,067.46	\$ 68.92	.006	\$ 258.43	\$.38
NURSE ANESTHESIST	1	7	115.93	16.56	.001	115.93	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	449	1,955	\$ 269,825.69	\$ 138.02	.359	\$ 600.95	\$ 49.49
HOSP INPATIENT TOTAL	60	99	213,523.44	2156.80	.018	3558.72	39.16
HSC HOSPITALS	11	44	46,401.66	1054.58	.008	4218.33	8.51
NON-HSC HOSPITAL TOTAL	5	55	129,214.16	2349.35	.010	25842.83	23.70
ACCOMMODATIONS	5	55	40,353.75	733.70	.010	8070.75	7.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	55	40,353.75	733.70	.010	8070.75	7.40
ANCILLARIES	5	0	88,860.41	.00	.000	17772.08	16.30
INPATIENT CROSSOVERS	44	0	37,907.62	.00	.000	861.54	6.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	406	1,856	56,302.25	30.34	.340	138.68	10.33
MEDICAL	43	68	3,612.12	53.12	.012	84.00	.66
SURGERY	20	23	3,894.61	169.33	.004	194.73	.71
PATHOLOGY	69	274	3,356.06	12.25	.050	48.64	.62

RADIOLOGY	77	110		12,190.57		110.82	.020	158.32	2.24
ROOM USE	47	72		3,840.62		53.34	.013	81.72	.70
CROSSOVERS/ALL OTH OUTPTNT	296	1,309		29,408.27		22.47	.240	99.35	5.39
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,175
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						----- MONTHLY AVERAGE -----		
5,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	449	1,955	\$	269,825.69	\$ 138.02	.359	\$ 600.95	\$ 49.49
COMM HOSP INPATIENT TOTAL	60	99		213,523.44	2156.80	.018	3558.72	39.16
HSC HOSPITALS	11	44		46,401.66	1054.58	.008	4218.33	8.51
NON-HSC HOSPITALS TOTAL	5	55		129,214.16	2349.35	.010	25842.83	23.70
ACCOMMODATIONS	5	55		40,353.75	733.70	.010	8070.75	7.40

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	55	40,353.75	733.70	.010	8070.75	7.40
ANCILLARIES	5	0	88,860.41	.00	.000	17772.08	16.30
INPATIENT CROSSOVERS	44	0	37,907.62	.00	.000	861.54	6.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	406	1,856	56,302.25	30.34	.340	138.68	10.33
MEDICAL	43	68	3,612.12	53.12	.012	84.00	.66
SURGERY	20	23	3,894.61	169.33	.004	194.73	.71
PATHOLOGY	69	274	3,356.06	12.25	.050	48.64	.62
RADIOLOGY	77	110	12,190.57	110.82	.020	158.32	2.24
ROOM USE	47	72	3,840.62	53.34	.013	81.72	.70
CROSSOVERS/ALL OTH OUTPTNT	296	1,309	29,408.27	22.47	.240	99.35	5.39
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	94	1,425	285,398.54	200.28	.261	3036.15	52.35
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	91	42,177.69	463.49	.017	10544.42	7.74
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	90	1,334	243,220.85	182.32	.245	2702.45	44.61
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	38	14,309.43	376.56	.007	529.98	2.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	38	14,309.43	376.56	.007	529.98	2.62
@REHABILITATION FACILITY	1	1	96.24	96.24	.000	96.24	.02
HOSPITAL BASED	1	1	96.24	96.24	.000	96.24	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	92	425	4,348.86	10.23	.078	47.27	.80
PATHOLOGY	91	424	4,345.01	10.25	.078	47.75	.80
XO AND OTHERS	1	1	3.85	3.85	.000	3.85	.00
@ORGANIZED OUTPATIENT CLINIC	761	1,280	92,303.14	72.11	.235	121.29	16.93
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	9	36	1,390.32	38.62	.007	154.48	.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	753	1,244	90,912.82	73.08	.228	120.73	16.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,176
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

----- MONTHLY AVERAGE -----							
5,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	651	26,640	\$ 77,519.84	\$ 2.91	4.886	\$ 119.08	\$ 14.22
DURABLE MED. EQUIP.	16	50	1,576.03	31.52	.009	98.50	.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	34	9,056.67	266.37	.006	362.27	1.66
MEDICAL TRANSPORTATION	73	1,541	8,104.86	5.26	.283	111.03	1.49
AMBULANCES/AIR TRANS	35	430	5,070.57	11.79	.079	144.87	.93
OTHER TRANS	32	1,052	2,748.57	2.61	.193	85.89	.50
OTHER SERVICES	9	59	285.72	4.84	.011	31.75	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	84	437	31,357.54	71.76	.080	373.30	5.75
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	112	269	3,149.44	11.71	.049	28.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	331.07	55.18	.001	110.36	.06
PROSTHETICS	3	6	331.07	55.18	.001	110.36	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	37	6,687.00	180.73	.007	318.43	1.23
HOSPICE SERVICES	2	39	4,431.18	113.62	.007	2215.59	.81
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	373	24,227	12,826.05	.53	4.444	34.39	2.35
@CALIF. CHILDREN SERVICES*	2	2	\$ 118.75	\$ 59.38	.000	\$ 59.38	\$.02
@XOVER EXCLUDING STATE HOSP**	1,277	6,792	\$ 211,092.81	\$ 31.08	1.246	\$ 165.30	\$ 38.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,177
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	50	\$ 2,689.21	\$ 53.78	6.250	\$ 206.86	\$ 336.15
@PHYSICIANS SERVICES	1	1	\$ 4.11	\$ 4.11	.125	\$ 4.11	\$.51
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		4.11		4.11	.125	4.11	.51
@PHARMACY	7	34	\$	1,930.91	\$	56.79	4.250	\$ 275.84	\$ 241.36
PRESCRIPTION DRUGS	7	31		1,913.03		61.71	3.875	273.29	239.13
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	7	31		1,913.03		61.71	3.875	273.29	239.13
MEDICAL SUPPLIES	1	3		17.88		5.96	.375	17.88	2.24
@DENTIST	1	2	\$	158.00	\$	79.00	.250	\$ 158.00	\$ 19.75
VISITS - DIAGNOSTIC	1	1		40.00		40.00	.125	40.00	5.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		118.00		118.00	.125	118.00	14.75
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
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08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	11	\$	340.72	\$	30.97	1.375	\$ 113.57	\$ 42.59
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	11		340.72		30.97	1.375	113.57	42.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,180
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 255.47	\$ 127.74	.250	\$ 255.47	\$ 31.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	255.47	127.74	.250	255.47	31.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 277.46	\$ 46.24	.750	\$ 92.49	\$ 34.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,736	89,487	\$	1,939,731.41	\$ 21.68	32.875	\$ 708.97	\$ 712.61
@PHYSICIANS SERVICES	641	2,697	\$	81,341.76	\$ 30.16	.991	\$ 126.90	\$ 29.88
OUTPATIENT VISITS	139	224		8,260.03	36.88	.082	59.42	3.03
OFFICE VISITS	92	154		4,591.72	29.82	.057	49.91	1.69
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	35	44		2,786.05	63.32	.016	79.60	1.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	20	26		882.26	33.93	.010	44.11	.32
INPATIENT VISITS	25	188		7,901.76	42.03	.069	316.07	2.90
HOSPITAL VISITS	24	176		6,586.16	37.42	.065	274.42	2.42
CRITICAL CARE	2	10		1,216.00	121.60	.004	608.00	.45
SNF/ICF/TRANS IP CARE	1	2		99.60	49.80	.001	99.60	.04
OPHTHALMOLOGICAL SERVICES	13	13		373.17	28.71	.005	28.71	.14
EXAMINATIONS	13	13		373.17	28.71	.005	28.71	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	56		13,019.04	232.48	.021	650.95	4.78
PRINCIPAL SURGEON	18	30		12,351.05	411.70	.011	686.17	4.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	26		667.99	25.69	.010	167.00	.25

OUTPATIENT SURGERY	18	280		4,335.02	15.48	.103	240.83	1.59
PRINCIPAL SURGEON	16	21		3,573.44	170.16	.008	223.34	1.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	259		761.58	2.94	.095	253.86	.28
DIALYSIS	28	88		7,606.76	86.44	.032	271.67	2.79
PATHOLOGY	52	126		1,588.05	12.60	.046	30.54	.58
RADIOLOGY	68	258		6,795.04	26.34	.095	99.93	2.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	320		9,283.03	29.01	.118	714.08	3.41
OTHER SERVICES/ALL X-OVERS	436	1,144		22,179.86	19.39	.420	50.87	8.15
@PHARMACY	2,209	53,175	\$	1,090,819.27	\$ 20.51	19.535	\$ 493.81	\$ 400.74
PRESCRIPTION DRUGS	2,160	9,920		1,056,930.54	106.55	3.644	489.32	388.29
SNF/ICF	12	78		4,575.36	58.66	.029	381.28	1.68
OUTPATIENTS	2,150	9,842		1,052,355.18	106.92	3.616	489.47	386.61
MEDICAL SUPPLIES	337	43,255		33,888.73	.78	15.891	100.56	12.45
@DENTIST	203	1,029	\$	35,062.76	\$ 34.07	.378	\$ 172.72	\$ 12.88
VISITS - DIAGNOSTIC	141	629		7,177.00	11.41	.231	50.90	2.64
ORAL SURGERY	32	154		7,415.76	48.15	.057	231.74	2.72
DRUGS	1	3		45.00	15.00	.001	45.00	.02
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.04
PERIODONTICS	26	26		2,252.00	86.62	.010	86.62	.83
ENDODONTICS	15	17		2,588.00	152.24	.006	172.53	.95
RESTORATIVE DENTISTRY	58	138		8,370.00	60.65	.051	144.31	3.07
PROSTHETICS	2	2		60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	22	44		7,055.00	160.34	.016	320.68	2.59
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	15		.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,182
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
2,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	52	134	\$ 2,935.91	\$ 21.91	.049	\$ 56.46	\$ 1.08	
DIAGNOSTIC AND ANC. PROCED	26	31	1,107.15	35.71	.011	42.58	.41	
EYE APPLIANCES	36	93	1,452.31	15.62	.034	40.34	.53	
OTHER OPTOMETRIC SERVICES	7	10	376.45	37.65	.004	53.78	.14	
@CHIROPRACTOR	5	11	\$ 183.92	\$ 16.72	.004	\$ 36.78	\$.07	
VISITS	4	10	167.20	16.72	.004	41.80	.06	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.01	
@PODIATRIST	31	49	\$ 608.17	\$ 12.41	.018	\$ 19.62	\$.22	
MEDICINE/INJECTIONS	7	8	235.50	29.44	.003	33.64	.09	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	24	41	372.67	9.09	.015	15.53	.14	
@HOME HEALTH AGENCY	14	2,927	\$ 87,023.90	\$ 29.73	1.075	\$ 6215.99	\$ 31.97	
NURSE ANESTHESIST	9	153	\$ 2,107.82	\$ 13.78	.056	\$ 234.20	\$.77	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	351	2,095	\$ 337,494.77	\$ 161.10	.770	\$ 961.52	\$ 123.99	
HOSP INPATIENT TOTAL	42	214	282,554.29	1320.35	.079	6727.48	103.80	
HSC HOSPITALS	14	180	207,099.36	1150.55	.066	14792.81	76.08	

NON-HSC HOSPITAL TOTAL	7	34	58,181.74	1711.23	.012	8311.68	21.37
ACCOMMODATIONS	7	34	14,596.20	429.30	.012	2085.17	5.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	34	14,596.20	429.30	.012	2085.17	5.36
ANCILLARIES	7	0	43,585.54	.00	.000	6226.51	16.01
INPATIENT CROSSOVERS	21	0	17,273.19	.00	.000	822.53	6.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	323	1,881	54,940.48	29.21	.691	170.09	20.18
MEDICAL	39	62	2,292.75	36.98	.023	58.79	.84
SURGERY	7	7	822.09	117.44	.003	117.44	.30
PATHOLOGY	58	249	2,674.83	10.74	.091	46.12	.98
RADIOLOGY	38	91	6,430.52	70.67	.033	169.22	2.36
ROOM USE	57	80	3,512.82	43.91	.029	61.63	1.29
CROSSOVERS/ALL OTH OUTPTNT	244	1,392	39,207.47	28.17	.511	160.69	14.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,183
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

2,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	351	2,095	\$ 337,494.77	\$ 161.10	.770	\$ 961.52	\$ 123.99
COMM HOSP INPATIENT TOTAL	42	214	282,554.29	1320.35	.079	6727.48	103.80
HSC HOSPITALS	14	180	207,099.36	1150.55	.066	14792.81	76.08
NON-HSC HOSPITALS TOTAL	7	34	58,181.74	1711.23	.012	8311.68	21.37
ACCOMMODATIONS	7	34	14,596.20	429.30	.012	2085.17	5.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	34	14,596.20	429.30	.012	2085.17	5.36
ANCILLARIES	7	0	43,585.54	.00	.000	6226.51	16.01
INPATIENT CROSSOVERS	21	0	17,273.19	.00	.000	822.53	6.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	323	1,881	54,940.48	29.21	.691	170.09	20.18
MEDICAL	39	62	2,292.75	36.98	.023	58.79	.84
SURGERY	7	7	822.09	117.44	.003	117.44	.30
PATHOLOGY	58	249	2,674.83	10.74	.091	46.12	.98
RADIOLOGY	38	91	6,430.52	70.67	.033	169.22	2.36
ROOM USE	57	80	3,512.82	43.91	.029	61.63	1.29

CROSSOVERS/ALL OTH OUTPTNT	244	1,392		39,207.47	28.17	.511	160.69	14.40
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	7	229	\$	38,484.07	168.05	.084	5497.72	14.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21		2,631.72	125.32	.008	2631.72	.97
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	208		35,852.35	172.37	.076	5975.39	13.17
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	88	1,265	\$	101,038.60	79.87	.465	1148.17	37.12
HOSPITAL BASED	1	2		4,661.79	2330.90	.001	4661.79	1.71
HEMODIALYSIS CENTER	87	1,263		96,376.81	76.31	.464	1107.78	35.41
@REHABILITATION FACILITY	2	3	\$	249.90	83.30	.001	124.95	.09
HOSPITAL BASED	2	3		249.90	83.30	.001	124.95	.09
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	74	506	\$	5,182.20	10.24	.186	70.03	1.90
PATHOLOGY	73	505		5,179.20	10.26	.186	70.95	1.90
XO AND OTHERS	1	1		3.00	3.00	.000	3.00	.00
@ORGANIZED OUTPATIENT CLINIC	502	889	\$	66,517.50	74.82	.327	132.50	24.44
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	13	41		1,801.14	43.93	.015	138.55	.66
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	492	848		64,716.36	76.32	.312	131.54	23.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	427	24,325	\$	90,680.86	3.73	8.936	212.37	33.31
DURABLE MED. EQUIP.	11	55		5,938.63	107.98	.020	539.88	2.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	8		2,557.22	319.65	.003	511.44	.94
MEDICAL TRANSPORTATION	47	2,311		13,631.84	5.90	.849	290.04	5.01
AMBULANCES/AIR TRANS	22	329		3,467.08	10.54	.121	157.59	1.27
OTHER TRANS	24	1,977		10,115.18	5.12	.726	421.47	3.72
OTHER SERVICES	1	5		49.58	9.92	.002	49.58	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	48		3,183.33	66.32	.018	289.39	1.17
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	12		459.61	38.30	.004	459.61	.17
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	66	160		1,630.54	10.19	.059	24.71	.60
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	57		1,841.29	32.30	.021	230.16	.68
PROSTHETICS	8	57		1,841.29	32.30	.021	230.16	.68
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	13		18.72	1.44	.005	6.24	.01
SPEECH AND AUDIOLOGY	2	4		1,266.08	316.52	.001	633.04	.47

HOSPICE SERVICES	1	30	3,939.75	131.33	.011	3939.75	1.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	60	5,351	12,428.08	2.32	1.966	207.13	4.57
EPSDT SUPPLEMENTAL SERVICE	6	1,135	28,284.20	24.92	.417	4714.03	10.39
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	232	15,141	15,501.57	1.02	5.562	66.82	5.69
@CALIF. CHILDREN SERVICES*	14	2,430	\$ 7,047.40	\$ 2.90	.893	\$ 503.39	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	753	5,825	\$ 120,521.54	\$ 20.69	2.140	\$ 160.06	\$ 44.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,185
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

210,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87,841	505,872	\$ 26,136,417.06	\$ 51.67	2.408	\$ 297.54	\$ 124.42
@PHYSICIANS SERVICES	31,902	84,287	\$ 3,546,801.76	\$ 42.08	.401	\$ 111.18	\$ 16.88
OUTPATIENT VISITS	23,149	35,257	1,242,531.27	35.24	.168	53.68	5.92
OFFICE VISITS	17,052	22,387	682,210.37	30.47	.107	40.01	3.25
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,422	4,896	269,095.05	54.96	.023	60.85	1.28
PREVENTIVE CARE	10	11	470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244	269,492.31	37.20	.034	132.56	1.28
OTHER OUTPATIENT	617	718	21,208.91	29.54	.003	34.37	.10
INPATIENT VISITS	1,309	4,667	302,880.14	64.90	.022	231.38	1.44
HOSPITAL VISITS	1,234	3,413	151,418.65	44.37	.016	122.71	.72
CRITICAL CARE	120	1,113	146,966.29	132.05	.005	1224.72	.70
SNF/ICF/TRANS IP CARE	12	141	4,495.20	31.88	.001	374.60	.02
OPHTHALMOLOGICAL SERVICES	681	781	34,302.01	43.92	.004	50.37	.16

EXAMINATIONS	675	775	34,182.01	44.11	.004	50.64	.16
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,480	3,995	884,118.40	221.31	.019	597.38	4.21
PRINCIPAL SURGEON	1,140	1,332	787,888.94	591.51	.006	691.13	3.75
ASSISTANT SURGEON	177	176	30,118.80	171.13	.001	170.16	.14
ANESTHESIOLOGIST	350	2,487	66,110.66	26.58	.012	188.89	.31
OUTPATIENT SURGERY	1,892	4,255	301,421.87	70.84	.020	159.31	1.43
PRINCIPAL SURGEON	1,584	1,964	252,142.86	128.38	.009	159.18	1.20
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	457	2,280	47,197.16	20.70	.011	103.28	.22
DIALYSIS	39	110	9,682.62	88.02	.001	248.27	.05
PATHOLOGY	5,029	8,232	112,045.58	13.61	.039	22.28	.53
RADIOLOGY	6,121	9,105	293,485.52	32.23	.043	47.95	1.40
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	936	3,254	126,879.95	38.99	.015	135.56	.60
OTHER SERVICES/ALL X-OVERS	3,866	14,627	239,245.66	16.36	.070	61.88	1.14
@PHARMACY	45,169	132,385	\$ 5,272,792.68	\$ 39.83	.630	\$ 116.73	\$ 25.10
PRESCRIPTION DRUGS	44,669	114,459	5,106,256.63	44.61	.545	114.31	24.31
SNF/ICF	35	189	14,043.18	74.30	.001	401.23	.07
OUTPATIENTS	44,644	114,270	5,092,213.45	44.56	.544	114.06	24.24
MEDICAL SUPPLIES	2,131	17,926	166,536.05	9.29	.085	78.15	.79
@DENTIST	10,714	62,847	\$ 1,447,545.75	\$ 23.03	.299	\$ 135.11	\$ 6.89
VISITS - DIAGNOSTIC	7,415	46,864	491,728.07	10.49	.223	66.32	2.34
ORAL SURGERY	1,607	2,825	168,824.25	59.76	.013	105.06	.80
DRUGS	214	377	6,660.00	17.67	.002	31.12	.03
ANESTHESIA	84	86	8,500.00	98.84	.000	101.19	.04
PERIODONTICS	584	613	52,304.50	85.33	.003	89.56	.25
ENDODONTICS	637	1,094	141,808.50	129.62	.005	222.62	.68
RESTORATIVE DENTISTRY	3,852	9,733	495,258.80	50.88	.046	128.57	2.36
PROSTHETICS	39	43	1,140.00	26.51	.000	29.23	.01
DENTURES, STAYPLATES	100	327	28,693.96	87.75	.002	286.94	.14
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04
MAXILLOFACIAL SERVICES	68	69	6,462.17	93.65	.000	95.03	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	387	437	34,532.50	79.02	.002	89.23	.16
ALL OTHER SERVICES	196	286	2,475.00	8.65	.001	12.63	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,186
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

	210,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,175	2,998	\$	69,024.19	\$ 23.02	.014	\$ 58.74	\$.33
DIAGNOSTIC AND ANC. PROCED	869	1,008		39,111.76	38.80	.005	45.01	.19
EYE APPLIANCES	727	1,974		29,370.22	14.88	.009	40.40	.14
OTHER OPTOMETRIC SERVICES	15	16		542.21	33.89	.000	36.15	.00
@CHIROPRACTOR	640	1,036	\$	17,300.20	\$ 16.70	.005	\$ 27.03	\$.08
VISITS	638	1,034		17,266.76	16.70	.005	27.06	.08
OTHER SERVICES	2	2		33.44	16.72	.000	16.72	.00
@PODIATRIST	297	367	\$	12,146.26	\$ 33.10	.002	\$ 40.90	\$.06
MEDICINE/INJECTIONS	289	343		10,657.18	31.07	.002	36.88	.05
SURGERY/ANES.	5	5		823.74	164.75	.000	164.75	.00
RADIO./PATHOLOGY	10	11		185.98	16.91	.000	18.60	.00
OTHER	7	8		479.36	59.92	.000	68.48	.00
@HOME HEALTH AGENCY	67	535	\$	28,326.13	\$ 52.95	.003	\$ 422.78	\$.13
NURSE ANESTHESIST	41	683	\$	8,415.12	\$ 12.32	.003	\$ 205.25	\$.04

NURSE MIDWIFE	10	15	\$	2,253.27	\$	150.22	.000	\$	225.33	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	6	8	\$	221.83	\$	27.73	.000	\$	36.97	\$	.00
@TOTAL HOSPITAL	14,157	54,766	\$	8,919,252.80	\$	162.86	.261	\$	630.02	\$	42.46
HOSP INPATIENT TOTAL	1,514	6,130		7,409,296.42		1208.69	.029		4893.85		35.27
HSC HOSPITALS	848	3,352		5,224,241.56		1558.54	.016		6160.66		24.87
NON-HSC HOSPITAL TOTAL	674	2,778		2,182,426.86		785.61	.013		3238.02		10.39
ACCOMMODATIONS	674	2,778		825,345.61		297.10	.013		1224.55		3.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	674	2,778		825,345.61		297.10	.013		1224.55		3.93
ANCILLARIES	673	0		1,357,081.25		.00	.000		2016.47		6.46
INPATIENT CROSSOVERS	3	0		2,628.00		.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,129	48,636		1,509,956.38		31.05	.232		115.01		7.19
MEDICAL	2,725	3,862		184,345.95		47.73	.018		67.65		.88
SURGERY	1,259	1,574		105,552.31		67.06	.007		83.84		.50
PATHOLOGY	4,844	17,576		198,509.34		11.29	.084		40.98		.95
RADIOLOGY	3,875	5,273		404,366.95		76.69	.025		104.35		1.92
ROOM USE	7,316	9,539		385,200.21		40.38	.045		52.65		1.83
CROSSOVERS/ALL OTH OUTPTNT	4,993	10,812		231,981.62		21.46	.051		46.46		1.10
@COUNTY HOSPITAL TOTAL	68	314	\$	40,935.16	\$	130.37	.001	\$	601.99	\$	.19
CO HOSPITAL INPATIENT TOTAL	7	25		31,780.06		1271.20	.000		4540.01		.15
HSC HOSPITALS	7	25		31,780.06		1271.20	.000		4540.01		.15
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	65	289		9,155.10		31.68	.001		140.85		.04
MEDICAL	23	36		1,351.41		37.54	.000		58.76		.01
SURGERY	9	12		445.65		37.14	.000		49.52		.00
PATHOLOGY	20	93		1,654.54		17.79	.000		82.73		.01
RADIOLOGY	14	19		1,335.19		70.27	.000		95.37		.01
ROOM USE	48	67		2,791.63		41.67	.000		58.16		.01
CROSSOVERS/ALL OTH OUTPTNT	29	62		1,576.68		25.43	.000		54.37		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,187
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	210,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	14,097	54,452	\$	8,878,317.64	\$	163.05	.259	\$	42.27
COMM HOSP INPATIENT TOTAL	1,507	6,105		7,377,516.36		1208.44	.029		35.12
HSC HOSPITALS	841	3,327		5,192,461.50		1560.70	.016		24.72
NON-HSC HOSPITALS TOTAL	674	2,778		2,182,426.86		785.61	.013		10.39
ACCOMMODATIONS	674	2,778		825,345.61		297.10	.013		3.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	674	2,778		825,345.61		297.10	.013		3.93
ANCILLARIES	673	0		1,357,081.25		.00	.000		6.46
INPATIENT CROSSOVERS	3	0		2,628.00		.00	.000		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00

COMM HOSP OUTPATIENT TOTAL	13,070	48,347		1,500,801.28	31.04	.230	114.83	7.14
MEDICAL	2,703	3,826		182,994.54	47.83	.018	67.70	.87
SURGERY	1,250	1,562		105,106.66	67.29	.007	84.09	.50
PATHOLOGY	4,826	17,483		196,854.80	11.26	.083	40.79	.94
RADIOLOGY	3,861	5,254		403,031.76	76.71	.025	104.39	1.92
ROOM USE	7,269	9,472		382,408.58	40.37	.045	52.61	1.82
CROSSOVERS/ALL OTH OUTPTNT	4,965	10,750		230,404.94	21.43	.051	46.41	1.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	17	673	\$	169,673.52	\$ 252.12	.003	\$ 9980.80	\$.81
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	12	359		123,808.33	344.87	.002	10317.36	.59
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	314		45,865.19	146.07	.001	9173.04	.22
@INTERMEDIATE CARE FACIL.-DD	5	209	\$	41,146.60	\$ 196.87	.001	\$ 8229.32	\$.20
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	5	209		41,146.60	196.87	.001	8229.32	.20
@HEMODIALYSIS TOTAL	84	1,496	\$	122,361.88	\$ 81.79	.007	\$ 1456.69	\$.58
HOSPITAL BASED	1	2		5,228.04	2614.02	.000	5228.04	.02
HEMODIALYSIS CENTER	83	1,494		117,133.84	78.40	.007	1411.25	.56
@REHABILITATION FACILITY	128	452	\$	15,364.51	\$ 33.99	.002	\$ 120.04	\$.07
HOSPITAL BASED	128	452		15,364.51	33.99	.002	120.04	.07
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6,210	23,577	\$	316,077.62	\$ 13.41	.112	\$ 50.90	\$ 1.50
PATHOLOGY	6,167	23,506		311,998.51	13.27	.112	50.59	1.49
XO AND OTHERS	70	71		4,079.11	57.45	.000	58.27	.02
@ORGANIZED OUTPATIENT CLINIC	24,467	40,742	\$	5,777,659.85	\$ 141.81	.194	\$ 236.14	\$ 27.50
CLINIC	1,502	5,505		148,508.69	26.98	.026	98.87	.71
SURGICENTER	263	1,128		48,794.52	43.26	.005	185.53	.23
HEROIN DETOX CLINIC	8	90		1,018.98	11.32	.000	127.37	.00
RURAL HEALTH CLINIC	23,178	34,019		5,579,337.66	164.01	.162	240.72	26.56

#CALIF DEPT OF HEALTH SERV MADI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,188

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	210,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,877	98,796	\$	370,053.09	\$ 3.75	.470	\$ 62.97	\$ 1.76
DURABLE MED. EQUIP.	120	368		21,717.37	59.01	.002	180.98	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	776	14,126		138,868.42	9.83	.067	178.95	.66
AMBULANCES/AIR TRANS	765	11,488		113,959.50	9.92	.055	148.97	.54
OTHER TRANS	13	2,606		8,431.32	3.24	.012	648.56	.04
OTHER SERVICES	16	32		16,477.60	514.93	.000	1029.85	.08
ACUPUNCTURE	1	4		75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	1	2		139.16	69.58	.000	139.16	.00
GENETIC DISEASE TESTING	495	497		52,185.00	105.00	.002	105.42	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,441	3,139		30,647.06	9.76	.015	21.27	.15
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	72	5,143.95	71.44	.000	102.88	.02
PROSTHETICS	50	72	5,143.95	71.44	.000	102.88	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,399.73	51.84	.000	279.95	.01
SPEECH AND AUDIOLOGY	25	59	3,987.33	67.58	.000	159.49	.02
HOSPICE SERVICES	2	10	1,250.70	125.07	.000	625.35	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,809	12,685	99,763.21	7.86	.060	35.52	.47
EPSDT SUPPLEMENTAL SERVICE	1	20	566.15	28.31	.000	566.15	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	220	67,787	14,309.32	.21	.323	65.04	.07
@CALIF. CHILDREN SERVICES*	631	25,078	\$ 1,900,601.57	\$ 75.79	.119	\$ 3012.05	\$ 9.05
@XOVER EXCLUDING STATE HOSP**	240	865	\$ 45,321.99	\$ 52.40	.004	\$ 188.84	\$.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,189
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

218,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	95,076	801,582	\$ 30,036,165.57	\$ 37.47	3.673	\$ 315.92	\$ 137.63
@PHYSICIANS SERVICES	33,608	90,520	\$ 3,728,042.16	\$ 41.18	.415	\$ 110.93	\$ 17.08
OUTPATIENT VISITS	23,517	35,816	1,264,057.19	35.29	.164	53.75	5.79
OFFICE VISITS	17,347	22,837	697,097.73	30.52	.105	40.19	3.19
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,491	4,978	274,805.59	55.20	.023	61.19	1.26
PREVENTIVE CARE	10	11	470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244	269,492.31	37.20	.033	132.56	1.23
OTHER OUTPATIENT	638	745	22,136.93	29.71	.003	34.70	.10
INPATIENT VISITS	1,361	5,008	317,701.04	63.44	.023	233.43	1.46
HOSPITAL VISITS	1,276	3,717	163,306.75	43.94	.017	127.98	.75
CRITICAL CARE	126	1,132	149,088.59	131.70	.005	1183.24	.68
SNF/ICF/TRANS IP CARE	23	159	5,305.70	33.37	.001	230.68	.02
OPHTHALMOLOGICAL SERVICES	737	843	36,179.07	42.92	.004	49.09	.17
EXAMINATIONS	731	837	36,059.07	43.08	.004	49.33	.17
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,512	4,081	899,406.15	220.39	.019	594.85	4.12
PRINCIPAL SURGEON	1,166	1,373	801,954.95	584.09	.006	687.78	3.67
ASSISTANT SURGEON	178	177	30,219.88	170.73	.001	169.77	.14
ANESTHESIOLOGIST	358	2,531	67,231.32	26.56	.012	187.80	.31
OUTPATIENT SURGERY	1,963	4,640	326,738.82	70.42	.021	166.45	1.50
PRINCIPAL SURGEON	1,643	2,037	275,069.73	135.04	.009	167.42	1.26
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	473	2,592	49,587.24	19.13	.012	104.84	.23
DIALYSIS	68	200	17,433.70	87.17	.001	256.38	.08
PATHOLOGY	5,183	8,539	116,304.90	13.62	.039	22.44	.53
RADIOLOGY	6,308	9,569	305,976.29	31.98	.044	48.51	1.40
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	963	3,589	143,693.58	40.04	.016	149.21	.66
OTHER SERVICES/ALL X-OVERS	5,079	18,231	300,342.68	16.47	.084	59.13	1.38
@PHARMACY	50,990	355,206	\$ 7,432,959.37	\$ 20.93	1.628	\$ 145.77	\$ 34.06
PRESCRIPTION DRUGS	50,322	138,172	7,184,692.91	52.00	.633	142.77	32.92

SNF/ICF	132	828	47,869.00	57.81	.004	362.64	.22
OUTPATIENTS	50,216	137,344	7,136,823.91	51.96	.629	142.12	32.70
MEDICAL SUPPLIES	3,038	217,034	248,266.46	1.14	.994	81.72	1.14
@DENTIST	11,133	64,827	\$ 1,521,876.76	\$ 23.48	.297	\$ 136.70	\$ 6.97
VISITS - DIAGNOSTIC	7,704	48,087	505,449.32	10.51	.220	65.61	2.32
ORAL SURGERY	1,671	3,068	182,160.01	59.37	.014	109.01	.83
DRUGS	215	380	6,705.00	17.64	.002	31.19	.03
ANESTHESIA	85	87	8,600.00	98.85	.000	101.18	.04
PERIODONTICS	630	659	56,415.50	85.61	.003	89.55	.26
ENDODONTICS	659	1,120	145,952.50	130.31	.005	221.48	.67
RESTORATIVE DENTISTRY	3,949	9,981	510,165.80	51.11	.046	129.19	2.34
PROSTHETICS	42	46	1,230.00	26.74	.000	29.29	.01
DENTURES, STAYPLATES	171	481	52,570.96	109.30	.002	307.43	.24
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04
MAXILLOFACIAL SERVICES	68	69	6,462.17	93.65	.000	95.03	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	387	437	34,532.50	79.02	.002	89.23	.16
ALL OTHER SERVICES	207	319	2,475.00	7.76	.001	11.96	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,190
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
218,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,316	3,337	\$ 76,096.67	\$ 22.80	.015	\$ 57.82	\$.35	
DIAGNOSTIC AND ANC. PROCED	907	1,053	40,669.86	38.62	.005	44.84	.19	
EYE APPLIANCES	815	2,205	33,129.45	15.02	.010	40.65	.15	
OTHER OPTOMETRIC SERVICES	55	79	2,297.36	29.08	.000	41.77	.01	
@CHIROPRACTOR	653	1,060	\$ 17,646.30	\$ 16.65	.005	\$ 27.02	\$.08	
VISITS	644	1,049	17,517.56	16.70	.005	27.20	.08	
OTHER SERVICES	9	11	128.74	11.70	.000	14.30	.00	
@PODIATRIST	368	474	\$ 13,377.15	\$ 28.22	.002	\$ 36.35	\$.06	

MEDICINE/INJECTIONS	303	358		11,104.18	31.02	.002	36.65	.05
SURGERY/ANES.	5	5		823.74	164.75	.000	164.75	.00
RADIO./PATHOLOGY	10	11		185.98	16.91	.000	18.60	.00
OTHER	64	100		1,263.25	12.63	.000	19.74	.01
@HOME HEALTH AGENCY	89	3,492	\$	117,417.49	\$ 33.62	.016	\$ 1319.30	\$.54
NURSE ANESTHESIST	51	843	\$	10,638.87	\$ 12.62	.004	\$ 208.61	\$.05
NURSE MIDWIFE	10	15	\$	2,253.27	\$ 150.22	.000	\$ 225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	8	\$	221.83	\$ 27.73	.000	\$ 36.97	\$.00
@TOTAL HOSPITAL	14,957	58,816	\$	9,526,573.26	\$ 161.97	.269	\$ 636.93	\$ 43.65
HOSP INPATIENT TOTAL	1,616	6,443		7,905,374.15	1226.97	.030	4891.94	36.22
HSC HOSPITALS	873	3,576		5,477,742.58	1531.81	.016	6274.62	25.10
NON-HSC HOSPITAL TOTAL	686	2,867		2,369,822.76	826.59	.013	3454.55	10.86
ACCOMMODATIONS	686	2,867		880,295.56	307.04	.013	1283.23	4.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	686	2,867		880,295.56	307.04	.013	1283.23	4.03
ANCILLARIES	685	0		1,489,527.20	.00	.000	2174.49	6.83
INPATIENT CROSSOVERS	68	0		57,808.81	.00	.000	850.13	.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,858	52,373		1,621,199.11	30.95	.240	116.99	7.43
MEDICAL	2,807	3,992		190,250.82	47.66	.018	67.78	.87
SURGERY	1,286	1,604		110,269.01	68.75	.007	85.75	.51
PATHOLOGY	4,971	18,099		204,540.23	11.30	.083	41.15	.94
RADIOLOGY	3,990	5,474		422,988.04	77.27	.025	106.01	1.94
ROOM USE	7,420	9,691		392,553.65	40.51	.044	52.90	1.80
CROSSOVERS/ALL OTH OUTPTNT	5,533	13,513		300,597.36	22.25	.062	54.33	1.38
@COUNTY HOSPITAL TOTAL	68	314	\$	40,935.16	\$ 130.37	.001	\$ 601.99	\$.19
CO HOSPITAL INPATIENT TOTAL	7	25		31,780.06	1271.20	.000	4540.01	.15
HSC HOSPITALS	7	25		31,780.06	1271.20	.000	4540.01	.15
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	289		9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36		1,351.41	37.54	.000	58.76	.01
SURGERY	9	12		445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93		1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19		1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67		2,791.63	41.67	.000	58.16	.01
CROSSOVERS/ALL OTH OUTPTNT	29	62		1,576.68	25.43	.000	54.37	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
218,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	14,897	58,502	\$ 9,485,638.10	\$ 162.14	.268	\$ 636.75	\$ 43.46	
COMM HOSP INPATIENT TOTAL	1,609	6,418	7,873,594.09	1226.80	.029	4893.47	36.08	
HSC HOSPITALS	866	3,551	5,445,962.52	1533.64	.016	6288.64	24.95	
NON-HSC HOSPITALS TOTAL	686	2,867	2,369,822.76	826.59	.013	3454.55	10.86	
ACCOMMODATIONS	686	2,867	880,295.56	307.04	.013	1283.23	4.03	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	686	2,867	880,295.56	307.04	.013	1283.23	4.03
ANCILLARIES	685	0	1,489,527.20	.00	.000	2174.49	6.83
INPATIENT CROSSOVERS	68	0	57,808.81	.00	.000	850.13	.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,799	52,084	1,612,044.01	30.95	.239	116.82	7.39
MEDICAL	2,785	3,956	188,899.41	47.75	.018	67.83	.87
SURGERY	1,277	1,592	109,823.36	68.98	.007	86.00	.50
PATHOLOGY	4,953	18,006	202,885.69	11.27	.083	40.96	.93
RADIOLOGY	3,976	5,455	421,652.85	77.30	.025	106.05	1.93
ROOM USE	7,373	9,624	389,762.02	40.50	.044	52.86	1.79
CROSSOVERS/ALL OTH OUTPTNT	5,505	13,451	299,020.68	22.23	.062	54.32	1.37
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	118	2,327	493,556.13	212.10	.011	4182.68	2.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21	2,631.72	125.32	.000	2631.72	.01
LEV B-SUBACUTE FREESTANDING	12	359	123,808.33	344.87	.002	10317.36	.57
LEV B-SUBACUTE HSPTL BASED	4	91	42,177.69	463.49	.000	10544.42	.19
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	101	1,856	324,938.39	175.07	.009	3217.21	1.49
@INTERMEDIATE CARE FACIL.-DD	5	209	41,146.60	196.87	.001	8229.32	.19
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	5	209	41,146.60	196.87	.001	8229.32	.19
@HEMODIALYSIS TOTAL	199	2,799	237,709.91	84.93	.013	1194.52	1.09
HOSPITAL BASED	2	4	9,889.83	2472.46	.000	4944.92	.05
HEMODIALYSIS CENTER	197	2,795	227,820.08	81.51	.013	1156.45	1.04
@REHABILITATION FACILITY	131	456	15,710.65	34.45	.002	119.93	.07
HOSPITAL BASED	131	456	15,710.65	34.45	.002	119.93	.07
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6,376	24,508	325,608.68	13.29	.112	51.07	1.49
PATHOLOGY	6,331	24,435	321,522.72	13.16	.112	50.79	1.47
XO AND OTHERS	72	73	4,085.96	55.97	.000	56.75	.02
@ORGANIZED OUTPATIENT CLINIC	25,733	42,922	5,936,821.21	138.32	.197	230.71	27.20
CLINIC	1,502	5,505	148,508.69	26.98	.025	98.87	.68
SURGICENTER	285	1,205	51,985.98	43.14	.006	182.41	.24
HEROIN DETOX CLINIC	8	90	1,018.98	11.32	.000	127.37	.00
RURAL HEALTH CLINIC	24,426	36,122	5,735,307.56	158.78	.166	234.80	26.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,192
MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
218,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,956	149,763	\$ 538,509.26	\$ 3.60	.686	\$ 77.42	\$ 2.47	
DURABLE MED. EQUIP.	147	473	29,232.03	61.80	.002	198.86	.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	30	42	11,613.89	276.52	.000	387.13	.05	
MEDICAL TRANSPORTATION	896	17,978	160,605.12	8.93	.082	179.25	.74	
AMBULANCES/AIR TRANS	822	12,247	122,497.15	10.00	.056	149.02	.56	
OTHER TRANS	69	5,635	21,295.07	3.78	.026	308.62	.10	
OTHER SERVICES	26	96	16,812.90	175.13	.000	646.65	.08	
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00	

ADULT DAY HEALTH CARE CTR	12	50	3,322.49	66.45	.000	276.87	.02
GENETIC DISEASE TESTING	495	497	52,185.00	105.00	.002	105.42	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	85	449	31,817.15	70.86	.002	374.32	.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,620	3,570	35,682.51	10.00	.016	22.03	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	61	135	7,316.31	54.19	.001	119.94	.03
PROSTHETICS	61	135	7,316.31	54.19	.001	119.94	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	8	40	1,418.45	35.46	.000	177.31	.01
SPEECH AND AUDIOLOGY	48	100	11,940.41	119.40	.000	248.76	.05
HOSPICE SERVICES	5	79	9,621.63	121.79	.000	1924.33	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,869	18,036	112,191.29	6.22	.083	39.10	.51
EPSDT SUPPLEMENTAL SERVICE	7	1,155	28,850.35	24.98	.005	4121.48	.13
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	825	107,155	42,636.94	.40	.491	51.68	.20
@CALIF. CHILDREN SERVICES*	647	27,510	\$ 1,907,767.72	\$ 69.35	.126	\$ 2948.64	\$ 8.74
@XOVER EXCLUDING STATE HOSP**	2,273	13,488	\$ 377,213.80	\$ 27.97	.062	\$ 165.95	\$ 1.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,193
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	182	1,197	\$ 100,194.16	\$ 83.70	9.000	\$ 550.52	\$ 753.34
@PHYSICIANS SERVICES	39	129	\$ 1,405.99	\$ 10.90	.970	\$ 36.05	\$ 10.57
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	207.65	41.53	.038	51.91	1.56
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	207.65	41.53	.038	51.91	1.56
OPHTHALMOLOGICAL SERVICES	2	2	16.02	8.01	.015	8.01	.12
EXAMINATIONS	2	2	16.02	8.01	.015	8.01	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	34	122		1,182.32		9.69	.917	34.77	8.89	
@PHARMACY	106	419	\$	38,336.36	\$	91.49	3.150	\$ 361.66	\$ 288.24	
PRESCRIPTION DRUGS	99	358		38,065.42		106.33	2.692	384.50	286.21	
SNF/ICF	18	117		5,096.65		43.56	.880	283.15	38.32	
OUTPATIENTS	81	241		32,968.77		136.80	1.812	407.02	247.89	
MEDICAL SUPPLIES	12	61		270.94		4.44	.459	22.58	2.04	
@DENTIST	17	112	\$	5,652.50	\$	50.47	.842	\$ 332.50	\$ 42.50	
VISITS - DIAGNOSTIC	11	51		349.00		6.84	.383	31.73	2.62	
ORAL SURGERY	4	43		2,804.50		65.22	.323	701.13	21.09	
DRUGS	1	3		45.00		15.00	.023	45.00	.34	
ANESTHESIA	1	1		100.00		100.00	.008	100.00	.75	
PERIODONTICS	2	2		173.00		86.50	.015	86.50	1.30	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	2	8		431.00		53.88	.060	215.50	3.24	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	2	4		1,750.00		437.50	.030	875.00	13.16	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	1	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 6,194
MOPO24	FEE-FOR-SERVICE/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED									AID CODE 17 1Y

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.023	\$ 53.11	\$.40
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.023	53.11	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 8.03	\$ 8.03	.008	\$ 8.03	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	8.03	8.03	.008	8.03	.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	72	\$ 5,322.91	\$ 73.93	.541	\$ 295.72	\$ 40.02
HOSP INPATIENT TOTAL	6	0	2,889.25	.00	.000	481.54	21.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	6	0	2,889.25	.00	.000	481.54	21.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	72	2,433.66	33.80	.541	187.20	18.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	72	2,433.66	33.80	.541	187.20	18.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,195
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	72	\$	5,322.91	\$ 73.93	.541	\$ 295.72	\$ 40.02
COMM HOSP INPATIENT TOTAL	6	0		2,889.25	.00	.000	481.54	21.72
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0		2,889.25	.00	.000	481.54	21.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	72		2,433.66	33.80	.541	187.20	18.30
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	72		2,433.66	33.80	.541	187.20	18.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	22	421	\$	47,264.83	\$ 112.27	3.165	\$ 2148.40	\$ 355.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22	421		47,264.83	112.27	3.165	2148.40	355.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	3.85	\$ 3.85	.008	\$ 3.85	\$.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		3.85	3.85	.008	3.85	.03
@ORGANIZED OUTPATIENT CLINIC	12	13	\$	815.09	\$ 62.70	.098	\$ 67.92	\$ 6.13
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	13		815.09	62.70	.098	67.92	6.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	12	26	\$ 1,331.49	\$ 51.21	.195	\$ 110.96	\$ 10.01	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	7	232.07	33.15	.053	116.04	1.74
AMBULANCES/AIR TRANS	2	7	232.07	33.15	.053	116.04	1.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.33	9.89	.045	19.78	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	171.50	57.17	.023	171.50	1.29
PROSTHETICS	1	3	171.50	57.17	.023	171.50	1.29
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	852.47	170.49	.038	284.16	6.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	5	16.12	3.22	.038	5.37	.12
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	57	205	\$ 12,504.00	\$ 61.00	1.541	\$ 219.37	\$ 94.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 6,197
03/14/05

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	382	\$ 4,933.23	\$ 12.91	25.467	\$ 411.10	\$ 328.88
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	10	369	\$	4,090.11	\$ 11.08	24.600	\$ 409.01 \$ 272.67
PRESCRIPTION DRUGS	7	24		3,712.18	154.67	1.600	530.31 247.48
SNF/ICF	0	0		.00	.00	.000	.00 .00
OUTPATIENTS	7	24		3,712.18	154.67	1.600	530.31 247.48
MEDICAL SUPPLIES	4	345		377.93	1.10	23.000	94.48 25.20
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00 \$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00 .00
ORAL SURGERY	0	0		.00	.00	.000	.00 .00
DRUGS	0	0		.00	.00	.000	.00 .00
ANESTHESIA	0	0		.00	.00	.000	.00 .00
PERIODONTICS	0	0		.00	.00	.000	.00 .00
ENDODONTICS	0	0		.00	.00	.000	.00 .00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00 .00
PROSTHETICS	0	0		.00	.00	.000	.00 .00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00 .00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00 .00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00 .00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00 .00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00 .00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00 .00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	4	\$ 116.20	\$ 29.05	.267	\$ 58.10	\$ 7.75
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	116.20	29.05	.267	58.10	7.75
MEDICAL	1	1	28.47	28.47	.067	28.47	1.90
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	15.18	15.18	.067	15.18	1.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	72.55	36.28	.133	36.28	4.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 116.20	\$ 29.05	.267 \$ 58.10 \$ 7.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	2	4	116.20	29.05	.267 58.10 7.75
MEDICAL	1	1	28.47	28.47	.067 28.47 1.90
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	1	1	15.18	15.18	.067 15.18 1.01

CROSSTOVERS/ALL OTH OUTPTNT	2	2		72.55		36.28	.133	36.28	4.84
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	28.69	\$	9.56	.200	\$ 28.69	\$ 1.91
PATHOLOGY	1	3		28.69		9.56	.200	28.69	1.91
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	503.86	\$	100.77	.333	\$ 167.95	\$ 33.59
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5		503.86		100.77	.333	167.95	33.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,200
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 194.37	\$ 194.37	.067	\$ 194.37	\$ 12.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	125.14	.00	.000	.00	8.34
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	69.23	69.23	.067	69.23	4.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3	245	\$ 401.74	\$ 1.64	16.333	\$ 133.91	\$ 26.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 6,201
03/14/05

206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	340	4,846	\$ 487,430.92	\$ 100.58	23.524	\$ 1433.62	\$ 2366.17
@PHYSICIANS SERVICES	120	1,934	\$ 58,522.26	\$ 30.26	9.388	\$ 487.69	\$ 284.09
OUTPATIENT VISITS	50	134	3,493.94	26.07	.650	69.88	16.96
OFFICE VISITS	39	119	2,191.69	18.42	.578	56.20	10.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	15	1,302.25	86.82	.073	100.17	6.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	24	305	12,410.67	40.69	1.481	517.11	60.25
HOSPITAL VISITS	21	278	9,609.87	34.57	1.350	457.61	46.65
CRITICAL CARE	3	23	2,671.40	116.15	.112	890.47	12.97
SNF/ICF/TRANS IP CARE	3	4	129.40	32.35	.019	43.13	.63
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	101		9,450.81	93.57	.490	630.05	45.88
PRINCIPAL SURGEON	11	22		7,409.90	336.81	.107	673.63	35.97
ASSISTANT SURGEON	1	1		100.52	100.52	.005	100.52	.49
ANESTHESIOLOGIST	6	78		1,940.39	24.88	.379	323.40	9.42
OUTPATIENT SURGERY	8	16		1,370.78	85.67	.078	171.35	6.65
PRINCIPAL SURGEON	6	8		1,170.15	146.27	.039	195.03	5.68
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	8		200.63	25.08	.039	100.32	.97
DIALYSIS	3	19		555.66	29.25	.092	185.22	2.70
PATHOLOGY	25	111		1,103.39	9.94	.539	44.14	5.36
RADIOLOGY	37	115		3,312.74	28.81	.558	89.53	16.08
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	965		22,613.87	23.43	4.684	1615.28	109.78
OTHER SERVICES/ALL X-OVERS	50	168		4,210.40	25.06	.816	84.21	20.44
@PHARMACY	193	1,282	\$	94,058.64	\$ 73.37	6.223	\$ 487.35	\$ 456.60
PRESCRIPTION DRUGS	184	797		91,566.21	114.89	3.869	497.64	444.50
SNF/ICF	17	99		7,471.15	75.47	.481	439.48	36.27
OUTPATIENTS	167	698		84,095.06	120.48	3.388	503.56	408.23
MEDICAL SUPPLIES	34	485		2,492.43	5.14	2.354	73.31	12.10
@DENTIST	22	95	\$	2,964.00	\$ 31.20	.461	\$ 134.73	\$ 14.39
VISITS - DIAGNOSTIC	17	64		530.00	8.28	.311	31.18	2.57
ORAL SURGERY	3	11		935.00	85.00	.053	311.67	4.54
DRUGS	1	3		45.00	15.00	.015	45.00	.22
ANESTHESIA	1	1		100.00	100.00	.005	100.00	.49
PERIODONTICS	2	2		173.00	86.50	.010	86.50	.84
ENDODONTICS	2	2		545.00	272.50	.010	272.50	2.65
RESTORATIVE DENTISTRY	5	8		195.00	24.38	.039	39.00	.95
PROSTHETICS	1	1		.00	.00	.005	.00	.00
DENTURES, STAYPLATES	2	3		441.00	147.00	.015	220.50	2.14
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,202
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	11	\$ 215.35	\$ 19.58	.053	\$ 43.07	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	2	2	55.46	27.73	.010	27.73	.27
EYE APPLIANCES	4	9	159.89	17.77	.044	39.97	.78
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.005	\$ 16.72	\$.08
VISITS	1	1	16.72	16.72	.005	16.72	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 7.94	\$ 7.94	.005	\$ 7.94	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	7.94	7.94	.005	7.94	.04
@HOME HEALTH AGENCY	5	60	\$ 4,411.15	\$ 73.52	.291	\$ 882.23	\$ 21.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	66	482	\$	262,662.67	\$	544.94	2.340	\$	3979.74	\$	1275.06
HOSP INPATIENT TOTAL	25	172		253,905.19		1476.19	.835		10156.21		1232.55
HSC HOSPITALS	15	138		178,753.90		1295.32	.670		11916.93		867.74
NON-HSC HOSPITAL TOTAL	7	34		62,674.29		1843.36	.165		8953.47		304.24
ACCOMMODATIONS	7	34		13,269.73		390.29	.165		1895.68		64.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	34		13,269.73		390.29	.165		1895.68		64.42
ANCILLARIES	7	0		49,404.56		.00	.000		7057.79		239.83
INPATIENT CROSSOVERS	3	0		12,477.00		.00	.000		4159.00		60.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	48	310		8,757.48		28.25	1.505		182.45		42.51
MEDICAL	11	17		604.42		35.55	.083		54.95		2.93
SURGERY	4	4		175.85		43.96	.019		43.96		.85
PATHOLOGY	20	80		805.96		10.07	.388		40.30		3.91
RADIOLOGY	16	120		4,389.27		36.58	.583		274.33		21.31
ROOM USE	14	16		682.24		42.64	.078		48.73		3.31
CROSSOVERS/ALL OTH OUTPTNT	23	73		2,099.74		28.76	.354		91.29		10.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,203
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	482	\$	262,662.67	\$ 544.94	2.340	\$ 3979.74	\$ 1275.06
COMM HOSP INPATIENT TOTAL	25	172		253,905.19	1476.19	.835	10156.21	1232.55
HSC HOSPITALS	15	138		178,753.90	1295.32	.670	11916.93	867.74
NON-HSC HOSPITALS TOTAL	7	34		62,674.29	1843.36	.165	8953.47	304.24
ACCOMMODATIONS	7	34		13,269.73	390.29	.165	1895.68	64.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	34		13,269.73	390.29	.165	1895.68	64.42
ANCILLARIES	7	0		49,404.56	.00	.000	7057.79	239.83
INPATIENT CROSSOVERS	3	0		12,477.00	.00	.000	4159.00	60.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	48	310		8,757.48	28.25	1.505	182.45	42.51
MEDICAL	11	17		604.42	35.55	.083	54.95	2.93
SURGERY	4	4		175.85	43.96	.019	43.96	.85
PATHOLOGY	20	80		805.96	10.07	.388	40.30	3.91
RADIOLOGY	16	120		4,389.27	36.58	.583	274.33	21.31
ROOM USE	14	16		682.24	42.64	.078	48.73	3.31
CROSSOVERS/ALL OTH OUTPTNT	23	73		2,099.74	28.76	.354	91.29	10.19
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16	468	\$	42,072.42	\$ 89.90	2.272	\$ 2629.53	\$ 204.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	468		42,072.42	89.90	2.272	2629.53	204.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	50	\$	8,437.39	\$ 168.75	.243	\$ 1406.23	\$ 40.96
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	50		8,437.39	168.75	.243	1406.23	40.96
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	68	\$	615.23	\$ 9.05	.330	\$ 41.02	\$ 2.99
PATHOLOGY	15	68		615.23	9.05	.330	41.02	2.99
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	40	70	\$	7,582.63	\$ 108.32	.340	\$ 189.57	\$ 36.81
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	5		178.21	35.64	.024	178.21	.87
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	39	65		7,404.42	113.91	.316	189.86	35.94

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,204
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	324	\$	5,864.52	\$ 18.10	1.573	\$ 225.56	\$ 28.47
DURABLE MED. EQUIP.	6	20		1,530.02	76.50	.097	255.00	7.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	274		3,930.28	14.34	1.330	245.64	19.08
AMBULANCES/AIR TRANS	13	149		1,691.13	11.35	.723	130.09	8.21
OTHER TRANS	4	124		439.15	3.54	.602	109.79	2.13
OTHER SERVICES	1	1		1,800.00	1800.00	.005	1800.00	8.74
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		93.85	9.39	.049	18.77	.46
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	2	6	152.42	25.40	.029	76.21	.74
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	14	157.95	11.28	.068	39.49	.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	540	\$ 25,051.26	\$ 46.39	2.621	\$ 455.48	\$ 121.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,205
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	448	3,913	\$ 332,306.95	\$ 84.92	11.646	\$ 741.76	\$ 989.01
@PHYSICIANS SERVICES	202	663	\$ 33,165.72	\$ 50.02	1.973	\$ 164.19	\$ 98.71
OUTPATIENT VISITS	85	104	5,250.05	50.48	.310	61.77	15.63
OFFICE VISITS	49	59	2,225.38	37.72	.176	45.42	6.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	42	2,931.01	69.79	.125	81.42	8.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	3	3		93.66	31.22	.009	31.22	.28
INPATIENT VISITS	32	101		6,251.98	61.90	.301	195.37	18.61
HOSPITAL VISITS	27	88		4,148.28	47.14	.262	153.64	12.35
CRITICAL CARE	5	13		2,103.70	161.82	.039	420.74	6.26
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		138.73	34.68	.012	34.68	.41
EXAMINATIONS	4	4		138.73	34.68	.012	34.68	.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	60		6,090.02	101.50	.179	304.50	18.13
PRINCIPAL SURGEON	13	15		4,765.05	317.67	.045	366.54	14.18
ASSISTANT SURGEON	2	2		283.75	141.88	.006	141.88	.84
ANESTHESIOLOGIST	7	43		1,041.22	24.21	.128	148.75	3.10
OUTPATIENT SURGERY	28	74		4,349.61	58.78	.220	155.34	12.95
PRINCIPAL SURGEON	19	26		3,149.53	121.14	.077	165.76	9.37
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	48		1,200.08	25.00	.143	109.10	3.57
DIALYSIS	1	6		254.70	42.45	.018	254.70	.76
PATHOLOGY	36	69		1,650.92	23.93	.205	45.86	4.91
RADIOLOGY	70	147		4,498.34	30.60	.438	64.26	13.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5		162.09	32.42	.015	40.52	.48
OTHER SERVICES/ALL X-OVERS	54	93		4,519.28	48.59	.277	83.69	13.45
@PHARMACY	133	736	\$	38,389.15	\$ 52.16	2.190	\$ 288.64	\$ 114.25
PRESCRIPTION DRUGS	124	372		35,871.52	96.43	1.107	289.29	106.76
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	124	372		35,871.52	96.43	1.107	289.29	106.76
MEDICAL SUPPLIES	25	364		2,517.63	6.92	1.083	100.71	7.49
@DENTIST	57	357	\$	10,281.09	\$ 28.80	1.063	\$ 180.37	\$ 30.60
VISITS - DIAGNOSTIC	41	224		1,529.00	6.83	.667	37.29	4.55
ORAL SURGERY	8	16		1,341.00	83.81	.048	167.63	3.99
DRUGS	1	3		45.00	15.00	.009	45.00	.13
ANESTHESIA	1	1		100.00	100.00	.003	100.00	.30
PERIODONTICS	7	7		413.00	59.00	.021	59.00	1.23
ENDODONTICS	6	9		1,793.00	199.22	.027	298.83	5.34
RESTORATIVE DENTISTRY	22	84		4,495.00	53.51	.250	204.32	13.38
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	9		334.00	37.11	.027	334.00	.99
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		126.09	126.09	.003	126.09	.38
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		105.00	35.00	.009	35.00	.31
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,206
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	23	\$ 504.12	\$ 21.92	.068	\$ 63.02	\$ 1.50
DIAGNOSTIC AND ANC. PROCED	6	10	301.15	30.12	.030	50.19	.90
EYE APPLIANCES	6	13	202.97	15.61	.039	33.83	.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.009	\$ 25.08	\$.15
VISITS	2	3	50.16	16.72	.009	25.08	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 12.00	\$ 12.00	.003	\$ 12.00	\$.04

MEDICINE/INJECTIONS	1	1	12.00	12.00	.003	12.00	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	40	\$ 2,898.89	\$ 72.47	.119	\$ 724.72	\$ 8.63
NURSE ANESTHESIST	1	3	\$ 87.50	\$ 29.17	.009	\$ 87.50	\$.26
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	121	662	\$ 203,426.30	\$ 307.29	1.970	\$ 1681.21	\$ 605.44
HOSP INPATIENT TOTAL	23	128	184,323.33	1440.03	.381	8014.06	548.58
HSC HOSPITALS	19	109	153,284.46	1406.28	.324	8067.60	456.20
NON-HSC HOSPITAL TOTAL	5	19	31,038.87	1633.62	.057	6207.77	92.38
ACCOMMODATIONS	5	19	5,994.01	315.47	.057	1198.80	17.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	5,994.01	315.47	.057	1198.80	17.84
ANCILLARIES	5	0	25,044.86	.00	.000	5008.97	74.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	534	19,102.97	35.77	1.589	192.96	56.85
MEDICAL	43	67	1,837.11	27.42	.199	42.72	5.47
SURGERY	15	16	2,240.57	140.04	.048	149.37	6.67
PATHOLOGY	39	146	1,603.50	10.98	.435	41.12	4.77
RADIOLOGY	49	71	8,837.55	124.47	.211	180.36	26.30
ROOM USE	54	79	3,185.51	40.32	.235	58.99	9.48
CROSSOVERS/ALL OTH OUTPTNT	47	155	1,398.73	9.02	.461	29.76	4.16
@COUNTY HOSPITAL TOTAL	2	7	\$ 7,894.00	\$ 1127.71	.021	\$ 3947.00	\$ 23.49
CO HOSPITAL INPATIENT TOTAL	2	7	7,894.00	1127.71	.021	3947.00	23.49
HSC HOSPITALS	2	7	7,894.00	1127.71	.021	3947.00	23.49
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,207
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	119	655	\$ 195,532.30	\$ 298.52	1.949	\$ 1643.13	\$ 581.94	
COMM HOSP INPATIENT TOTAL	21	121	176,429.33	1458.09	.360	8401.40	525.09	
HSC HOSPITALS	17	102	145,390.46	1425.40	.304	8552.38	432.71	
NON-HSC HOSPITALS TOTAL	5	19	31,038.87	1633.62	.057	6207.77	92.38	
ACCOMMODATIONS	5	19	5,994.01	315.47	.057	1198.80	17.84	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	5,994.01	315.47	.057	1198.80	17.84
ANCILLARIES	5	0	25,044.86	.00	.000	5008.97	74.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	534	19,102.97	35.77	1.589	192.96	56.85
MEDICAL	43	67	1,837.11	27.42	.199	42.72	5.47
SURGERY	15	16	2,240.57	140.04	.048	149.37	6.67
PATHOLOGY	39	146	1,603.50	10.98	.435	41.12	4.77
RADIOLOGY	49	71	8,837.55	124.47	.211	180.36	26.30
ROOM USE	54	79	3,185.51	40.32	.235	58.99	9.48
CROSSOVERS/ALL OTH OUTPTNT	47	155	1,398.73	9.02	.461	29.76	4.16
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	38	154	1,842.23	11.96	.458	48.48	5.48
PATHOLOGY	38	154	1,842.23	11.96	.458	48.48	5.48
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	91	178	34,744.96	195.20	.530	381.81	103.41
CLINIC	4	11	288.02	26.18	.033	72.01	.86
SURGICENTER	5	22	775.84	35.27	.065	155.17	2.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	85	145	33,681.10	232.28	.432	396.25	100.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,208
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

		----- MONTHLY AVERAGE -----					
336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	1,093	\$ 6,904.83	\$ 6.32	3.253	\$ 215.78	\$ 20.55
DURABLE MED. EQUIP.	1	1	57.60	57.60	.003	57.60	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	468	6,037.63	12.90	1.393	402.51	17.97
AMBULANCES/AIR TRANS	15	467	4,237.63	9.07	1.390	282.51	12.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	5.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	194.56	9.73	.060	21.62	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	50	396.64	7.93	.149	132.21	1.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	554	218.40	.39	1.649	43.68	.65
@CALIF. CHILDREN SERVICES*	9	70	\$ 62,202.91	\$ 888.61	.208	\$ 6911.43	\$ 185.13
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 41.80	\$ 6.97	.018	\$ 13.93	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,209
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	982	10,338	\$ 924,865.26	\$ 89.46	14.983	\$ 941.82	\$ 1340.38
@PHYSICIANS SERVICES	361	2,726	\$ 93,093.97	\$ 34.15	3.951	\$ 257.88	\$ 134.92
OUTPATIENT VISITS	135	238	8,743.99	36.74	.345	64.77	12.67
OFFICE VISITS	88	178	4,417.07	24.82	.258	50.19	6.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	57	4,233.26	74.27	.083	86.39	6.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	93.66	31.22	.004	31.22	.14
INPATIENT VISITS	60	411	18,870.30	45.91	.596	314.51	27.35
HOSPITAL VISITS	48	366	13,758.15	37.59	.530	286.63	19.94
CRITICAL CARE	8	36	4,775.10	132.64	.052	596.89	6.92
SNF/ICF/TRANS IP CARE	7	9	337.05	37.45	.013	48.15	.49
OPHTHALMOLOGICAL SERVICES	6	6	154.75	25.79	.009	25.79	.22
EXAMINATIONS	6	6	154.75	25.79	.009	25.79	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	161	15,540.83	96.53	.233	444.02	22.52
PRINCIPAL SURGEON	24	37	12,174.95	329.05	.054	507.29	17.64
ASSISTANT SURGEON	3	3	384.27	128.09	.004	128.09	.56
ANESTHESIOLOGIST	13	121	2,981.61	24.64	.175	229.35	4.32
OUTPATIENT SURGERY	36	90	5,720.39	63.56	.130	158.90	8.29
PRINCIPAL SURGEON	25	34	4,319.68	127.05	.049	172.79	6.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	56	1,400.71	25.01	.081	107.75	2.03
DIALYSIS	4	25	810.36	32.41	.036	202.59	1.17
PATHOLOGY	61	180	2,754.31	15.30	.261	45.15	3.99

RADIOLOGY	107	262		7,811.08	29.81	.380	73.00	11.32	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	18	970		22,775.96	23.48	1.406	1265.33	33.01	
OTHER SERVICES/ALL X-OVERS	138	383		9,912.00	25.88	.555	71.83	14.37	
@PHARMACY	442	2,806	\$	174,874.26	\$ 62.32	4.067	\$ 395.64	\$ 253.44	
PRESCRIPTION DRUGS	414	1,551		169,215.33	109.10	2.248	408.73	245.24	
SNF/ICF	35	216		12,567.80	58.18	.313	359.08	18.21	
OUTPATIENTS	379	1,335		156,647.53	117.34	1.935	413.32	227.03	
MEDICAL SUPPLIES	75	1,255		5,658.93	4.51	1.819	75.45	8.20	
@DENTIST	96	564	\$	18,897.59	\$ 33.51	.817	\$ 196.85	\$ 27.39	
VISITS - DIAGNOSTIC	69	339		2,408.00	7.10	.491	34.90	3.49	
ORAL SURGERY	15	70		5,080.50	72.58	.101	338.70	7.36	
DRUGS	3	9		135.00	15.00	.013	45.00	.20	
ANESTHESIA	3	3		300.00	100.00	.004	100.00	.43	
PERIODONTICS	11	11		759.00	69.00	.016	69.00	1.10	
ENDODONTICS	8	11		2,338.00	212.55	.016	292.25	3.39	
RESTORATIVE DENTISTRY	29	100		5,121.00	51.21	.145	176.59	7.42	
PROSTHETICS	1	1		.00	.00	.001	.00	.00	
DENTURES, STAYPLATES	5	16		2,525.00	157.81	.023	505.00	3.66	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1		126.09	126.09	.001	126.09	.18	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	3	3		105.00	35.00	.004	35.00	.15	
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,210
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	37	\$	772.58	\$ 20.88	.054	\$ 55.18	\$ 1.12
DIAGNOSTIC AND ANC. PROCED	8	12		356.61	29.72	.017	44.58	.52

EYE APPLIANCES	11	25		415.97		16.64	.036	37.82	.60
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.006	\$ 22.29	\$.10
VISITS	3	4		66.88		16.72	.006	22.29	.10
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	3	3	\$	27.97	\$	9.32	.004	\$ 9.32	\$.04
MEDICINE/INJECTIONS	1	1		12.00		12.00	.001	12.00	.02
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	2	2		15.97		7.99	.003	7.99	.02
@HOME HEALTH AGENCY	9	100	\$	7,310.04	\$	73.10	.145	\$ 812.23	\$ 10.59
NURSE ANESTHESIST	1	3	\$	87.50	\$	29.17	.004	\$ 87.50	\$.13
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	207	1,220	\$	471,528.08	\$	386.50	1.768	\$ 2277.91	\$ 683.37
HOSP INPATIENT TOTAL	54	300		441,117.77		1470.39	.435	8168.85	639.30
HSC HOSPITALS	34	247		332,038.36		1344.28	.358	9765.83	481.22
NON-HSC HOSPITAL TOTAL	12	53		93,713.16		1768.17	.077	7809.43	135.82
ACCOMMODATIONS	12	53		19,263.74		363.47	.077	1605.31	27.92
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	12	53		19,263.74		363.47	.077	1605.31	27.92
ANCILLARIES	12	0		74,449.42		.00	.000	6204.12	107.90
INPATIENT CROSSOVERS	9	0		15,366.25		.00	.000	1707.36	22.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	162	920		30,410.31		33.05	1.333	187.72	44.07
MEDICAL	55	85		2,470.00		29.06	.123	44.91	3.58
SURGERY	19	20		2,416.42		120.82	.029	127.18	3.50
PATHOLOGY	59	226		2,409.46		10.66	.328	40.84	3.49
RADIOLOGY	65	191		13,226.82		69.25	.277	203.49	19.17
ROOM USE	69	96		3,882.93		40.45	.139	56.27	5.63
CROSSOVERS/ALL OTH OUTPTNT	85	302		6,004.68		19.88	.438	70.64	8.70
@COUNTY HOSPITAL TOTAL	2	7	\$	7,894.00	\$	1127.71	.010	\$ 3947.00	\$ 11.44
CO HOSPITAL INPATIENT TOTAL	2	7		7,894.00		1127.71	.010	3947.00	11.44
HSC HOSPITALS	2	7		7,894.00		1127.71	.010	3947.00	11.44
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

690 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,213	\$	463,634.08	\$ 382.22	1.758	\$ 2261.63	\$ 671.93
COMM HOSP INPATIENT TOTAL	52	293		433,223.77	1478.58	.425	8331.23	627.86
HSC HOSPITALS	32	240		324,144.36	1350.60	.348	10129.51	469.77
NON-HSC HOSPITALS TOTAL	12	53		93,713.16	1768.17	.077	7809.43	135.82
ACCOMMODATIONS	12	53		19,263.74	363.47	.077	1605.31	27.92
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	53		19,263.74	363.47	.077	1605.31	27.92
ANCILLARIES	12	0		74,449.42	.00	.000	6204.12	107.90
INPATIENT CROSSOVERS	9	0		15,366.25	.00	.000	1707.36	22.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	162	920		30,410.31	33.05	1.333	187.72	44.07
MEDICAL	55	85		2,470.00	29.06	.123	44.91	3.58
SURGERY	19	20		2,416.42	120.82	.029	127.18	3.50
PATHOLOGY	59	226		2,409.46	10.66	.328	40.84	3.49
RADIOLOGY	65	191		13,226.82	69.25	.277	203.49	19.17
ROOM USE	69	96		3,882.93	40.45	.139	56.27	5.63
CROSSOVERS/ALL OTH OUTPTNT	85	302		6,004.68	19.88	.438	70.64	8.70
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	38	889	\$	89,337.25	\$ 100.49	1.288	\$ 2350.98	\$ 129.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	38	889		89,337.25	100.49	1.288	2350.98	129.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	50	\$	8,437.39	\$ 168.75	.072	\$ 1406.23	\$ 12.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	50		8,437.39	168.75	.072	1406.23	12.23
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	55	226	\$	2,490.00	\$ 11.02	.328	\$ 45.27	\$ 3.61
PATHOLOGY	54	225		2,486.15	11.05	.326	46.04	3.60
XO AND OTHERS	1	1		3.85	3.85	.001	3.85	.01
@ORGANIZED OUTPATIENT CLINIC	146	266	\$	43,646.54	\$ 164.08	.386	\$ 298.95	\$ 63.26
CLINIC	4	11		288.02	26.18	.016	72.01	.42
SURGICENTER	6	27		954.05	35.34	.039	159.01	1.38
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	139	228		42,404.47	185.98	.330	305.07	61.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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	690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	71	1,444	\$	14,295.21	\$ 9.90	2.093	\$ 201.34	\$ 20.72
DURABLE MED. EQUIP.	7	21		1,587.62	75.60	.030	226.80	2.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	125.14	.00	.000	.00	.18
MEDICAL TRANSPORTATION	33	749	10,199.98	13.62	1.086	309.09	14.78
AMBULANCES/AIR TRANS	30	623	6,160.83	9.89	.903	205.36	8.93
OTHER TRANS	4	124	439.15	3.54	.180	109.79	.64
OTHER SERVICES	2	2	3,600.00	1800.00	.003	1800.00	5.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	37	416.97	11.27	.054	23.17	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	152.42	25.40	.009	76.21	.22
PROSTHETIST/ORTHOTISTS	1	3	171.50	57.17	.004	171.50	.25
PROSTHETICS	1	3	171.50	57.17	.004	171.50	.25
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	852.47	170.49	.007	284.16	1.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	50	396.64	7.93	.072	132.21	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	573	392.47	.68	.830	32.71	.57
@CALIF. CHILDREN SERVICES*	9	70	\$ 62,202.91	\$ 888.61	.101	\$ 6911.43	\$ 90.15
@XOVER EXCLUDING STATE HOSP**	118	996	\$ 37,998.80	\$ 38.15	1.443	\$ 322.02	\$ 55.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,213
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

	2,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,100	141,288	\$	9,121,278.51	\$ 64.56	50.245	\$ 2942.35	\$ 3243.70
@PHYSICIANS SERVICES	373	735	\$	14,979.00	\$ 20.38	.261	\$ 40.16	\$ 5.33
OUTPATIENT VISITS	5	7		232.62	33.23	.002	46.52	.08
OFFICE VISITS	3	3		71.20	23.73	.001	23.73	.03
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		132.46	66.23	.001	66.23	.05
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2		28.96	14.48	.001	28.96	.01
INPATIENT VISITS	49	121		3,247.13	26.84	.043	66.27	1.15
HOSPITAL VISITS	7	45		1,303.46	28.97	.016	186.21	.46
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	44	76		1,943.67	25.57	.027	44.17	.69
OPHTHALMOLOGICAL SERVICES	4	4		94.45	23.61	.001	23.61	.03
EXAMINATIONS	4	4		94.45	23.61	.001	23.61	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	17		1,804.19	106.13	.006	601.40	.64
PRINCIPAL SURGEON	3	5		1,522.16	304.43	.002	507.39	.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12		282.03	23.50	.004	282.03	.10

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	152.86	38.22	.001	76.43	.05
RADIOLOGY	8	25	247.78	9.91	.009	30.97	.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	320	557	9,199.97	16.52	.198	28.75	3.27
@PHARMACY	2,464	42,143	\$ 922,288.76	\$ 21.88	14.987	\$ 374.31	\$ 327.98
PRESCRIPTION DRUGS	2,445	15,540	912,926.31	58.75	5.526	373.38	324.65
SNF/ICF	2,364	15,030	889,551.89	59.19	5.345	376.29	316.34
OUTPATIENTS	102	510	23,374.42	45.83	.181	229.16	8.31
MEDICAL SUPPLIES	113	26,603	9,362.45	.35	9.461	82.85	3.33
@DENTIST	88	203	\$ 11,609.00	\$ 57.19	.072	\$ 131.92	\$ 4.13
VISITS - DIAGNOSTIC	72	144	2,894.00	20.10	.051	40.19	1.03
ORAL SURGERY	5	26	1,827.00	70.27	.009	365.40	.65
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.000	48.00	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	21	32	6,840.00	213.75	.011	325.71	2.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,214
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						
	AID CODE 13						

----- MONTHLY AVERAGE -----							
2,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	70	\$ 1,012.84	\$ 14.47	.025	\$ 36.17	\$.36
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	19	53	905.59	17.09	.019	47.66	.32
OTHER OPTOMETRIC SERVICES	9	17	107.25	6.31	.006	11.92	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	248	273	\$ 1,714.17	\$ 6.28	.097	\$ 6.91	\$.61
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	248	273	1,714.17	6.28	.097	6.91	.61
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$.01
@TOTAL HOSPITAL	133	275	\$ 97,843.46	\$ 355.79	.098	\$ 735.67	\$ 34.79
HOSP INPATIENT TOTAL	59	33	93,318.11	2827.82	.012	1581.66	33.19
HSC HOSPITALS	2	33	41,745.00	1265.00	.012	20872.50	14.85

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	57	0	51,573.11	.00	.000	904.79	18.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	242	4,525.35	18.70	.086	55.87	1.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	28.10	9.37	.001	14.05	.01
RADIOLOGY	3	3	47.43	15.81	.001	15.81	.02
ROOM USE	3	3	124.42	41.47	.001	41.47	.04
CROSSOVERS/ALL OTH OUTPTNT	77	233	4,325.40	18.56	.083	56.17	1.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,812 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	133	275	\$ 97,843.46	\$ 355.79	.098	\$ 735.67	\$ 34.79
COMM HOSP INPATIENT TOTAL	59	33	93,318.11	2827.82	.012	1581.66	33.19
HSC HOSPITALS	2	33	41,745.00	1265.00	.012	20872.50	14.85
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	57	0	51,573.11	.00	.000	904.79	18.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	81	242	4,525.35	18.70	.086	55.87	1.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	28.10	9.37	.001	14.05	.01
RADIOLOGY	3	3	47.43	15.81	.001	15.81	.02
ROOM USE	3	3	124.42	41.47	.001	41.47	.04
CROSSOVERS/ALL OTH OUTPTNT	77	233	4,325.40	18.56	.083	56.17	1.54
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.130	\$ 13421.82	\$ 57.28
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	161,061.78	440.06	.130	13421.82	57.28
@NURSING FACILITY	2,377	75,914	\$ 7,571,773.67	\$ 99.74	26.996	\$ 3185.43	\$ 2692.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	207	89,677.12	433.22	.074	17935.42	31.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,373	75,707	7,482,096.55	98.83	26.923	3153.01	2660.77
@INTERMEDIATE CARE FACIL.-DD	54	1,591	\$ 288,155.15	\$ 181.12	.566	\$ 5336.21	\$ 102.47
ICF DDH	11	329	51,016.21	155.06	.117	4637.84	18.14
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	43	1,262	237,138.94	187.91	.449	5514.86	84.33
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	14	\$ 185.69	\$ 13.26	.005	\$ 37.14	\$.07
PATHOLOGY	5	14	185.69	13.26	.005	37.14	.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	73	121	\$ 4,364.76	\$ 36.07	.043	\$ 59.79	\$ 1.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	194.41	194.41	.000	194.41	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	72	120	4,170.35	34.75	.043	57.92	1.48

2,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	300	19,582	\$ 46,250.23	\$ 2.36	6.964	\$ 154.17	\$ 16.45
DURABLE MED. EQUIP.	25	286	8,356.50	29.22	.102	334.26	2.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	10	3,721.71	372.17	.004	1240.57	1.32
MEDICAL TRANSPORTATION	184	5,292	21,146.86	4.00	1.882	114.93	7.52
AMBULANCES/AIR TRANS	71	993	10,966.83	11.04	.353	154.46	3.90
OTHER TRANS	110	4,103	9,951.77	2.43	1.459	90.47	3.54
OTHER SERVICES	10	196	228.26	1.16	.070	22.83	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	73	955.73	13.09	.026	28.96	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	281.41	5.52	.018	11.73	.10
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	100.37	50.19	.001	50.19	.04
SPEECH AND AUDIOLOGY	15	26	4,416.21	169.85	.009	294.41	1.57
HOSPICE SERVICES	2	37	4,105.88	110.97	.013	2052.94	1.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	13,805	3,165.56	.23	4.909	113.06	1.13
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,124	20,771	\$ 289,990.30	\$ 13.96	7.387	\$ 258.00	\$ 103.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 6,217
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	116	\$ 9,931.51	\$ 85.62	.000	\$ 2482.88	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	4	25	\$	1,822.91	\$ 72.92	.000	\$ 455.73	\$.00
PRESCRIPTION DRUGS	4	25		1,822.91	72.92	.000	455.73	.00
SNF/ICF	4	25		1,822.91	72.92	.000	455.73	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,218
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
	AID CODE 23							

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	.00
VISITS	0	0		.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,219
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	3	91	\$	8,108.60	\$	89.11	.000	\$ 2702.87	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	91		8,108.60		89.11	.000	2702.87	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,220
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,221
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	537	186,741	\$ 3,025,171.36	\$ 16.20	382.666	\$ 5633.47	\$ 6199.12
@PHYSICIANS SERVICES	140	531	\$ 18,361.52	\$ 34.58	1.088	\$ 131.15	\$ 37.63
OUTPATIENT VISITS	16	23	1,056.94	45.95	.047	66.06	2.17
OFFICE VISITS	5	6	173.45	28.91	.012	34.69	.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	9	702.82	78.09	.018	78.09	1.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	6	8	180.67	22.58	.016	30.11	.37
INPATIENT VISITS	42	260	11,301.06	43.47	.533	269.07	23.16
HOSPITAL VISITS	6	75	3,168.03	42.24	.154	528.01	6.49
CRITICAL CARE	2	19	1,996.90	105.10	.039	998.45	4.09
SNF/ICF/TRANS IP CARE	40	166	6,136.13	36.96	.340	153.40	12.57
OPHTHALMOLOGICAL SERVICES	6	6	187.18	31.20	.012	31.20	.38
EXAMINATIONS	6	6	187.18	31.20	.012	31.20	.38
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	13	1,063.70	81.82	.027	212.74	2.18
PRINCIPAL SURGEON	4	8	955.68	119.46	.016	238.92	1.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.010	108.02	.22
OUTPATIENT SURGERY	3	14	408.65	29.19	.029	136.22	.84
PRINCIPAL SURGEON	1	1	74.65	74.65	.002	74.65	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	334.00	25.69	.027	167.00	.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	52.80	26.40	.004	26.40	.11
RADIOLOGY	9	36	1,215.58	33.77	.074	135.06	2.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	83	177	3,075.61	17.38	.363	37.06	6.30
@PHARMACY	471	138,819	\$ 275,825.88	\$ 1.99	284.465	\$ 585.62	\$ 565.22
PRESCRIPTION DRUGS	463	2,869	248,478.14	86.61	5.879	536.67	509.18
SNF/ICF	397	2,519	222,484.44	88.32	5.162	560.41	455.91
OUTPATIENTS	91	350	25,993.70	74.27	.717	285.65	53.27
MEDICAL SUPPLIES	170	135,950	27,347.74	.20	278.586	160.87	56.04
@DENTIST	31	194	\$ 5,810.67	\$ 29.95	.398	\$ 187.44	\$ 11.91
VISITS - DIAGNOSTIC	29	161	2,222.00	13.80	.330	76.62	4.55
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	7	1,021.00	145.86	.014	170.17	2.09
ENDODONTICS	2	2	660.00	330.00	.004	330.00	1.35
RESTORATIVE DENTISTRY	6	13	599.00	46.08	.027	99.83	1.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	280.00	140.00	.004	280.00	.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	938.67	134.10	.014	134.10	1.92
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,222
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

488 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	2		4	\$		90.30	\$	22.58		.008	\$	45.15	\$	.19	
DIAGNOSTIC AND ANC. PROCED	1		1			47.45		47.45		.002		47.45		.10	
EYE APPLIANCES	1		3			42.85		14.28		.006		42.85		.09	
OTHER OPTOMETRIC SERVICES	0		0			.00		.00		.000		.00		.00	
@CHIROPRACTOR	1		2	\$		33.44	\$	16.72		.004	\$	33.44	\$	.07	
VISITS	0		0			.00		.00		.000		.00		.00	
OTHER SERVICES	1		2			33.44		16.72		.004		33.44		.07	
@PODIATRIST	21		22	\$		140.43	\$	6.38		.045	\$	6.69	\$	.29	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	21	22	140.43	6.38	.045	6.69	.29
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	72	283	\$ 133,298.60	\$ 471.02	.580	\$ 1851.37	\$ 273.15
HOSP INPATIENT TOTAL	14	82	128,674.61	1569.20	.168	9191.04	263.68
HSC HOSPITALS	5	82	118,918.00	1450.22	.168	23783.60	243.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	9,756.61	.00	.000	1084.07	19.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	201	4,623.99	23.00	.412	78.37	9.48
MEDICAL	5	6	372.85	62.14	.012	74.57	.76
SURGERY	1	1	12.72	12.72	.002	12.72	.03
PATHOLOGY	25	90	878.16	9.76	.184	35.13	1.80
RADIOLOGY	7	10	738.53	73.85	.020	105.50	1.51
ROOM USE	15	21	728.85	34.71	.043	48.59	1.49
CROSSOVERS/ALL OTH OUTPTNT	31	73	1,892.88	25.93	.150	61.06	3.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,223
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	283	\$	133,298.60	\$ 471.02	.580	\$ 1851.37	\$ 273.15
COMM HOSP INPATIENT TOTAL	14	82		128,674.61	1569.20	.168	9191.04	263.68
HSC HOSPITALS	5	82		118,918.00	1450.22	.168	23783.60	243.68
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	9,756.61	.00	.000	1084.07	19.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	59	201	4,623.99	23.00	.412	78.37	9.48
MEDICAL	5	6	372.85	62.14	.012	74.57	.76
SURGERY	1	1	12.72	12.72	.002	12.72	.03
PATHOLOGY	25	90	878.16	9.76	.184	35.13	1.80
RADIOLOGY	7	10	738.53	73.85	.020	105.50	1.51
ROOM USE	15	21	728.85	34.71	.043	48.59	1.49
CROSSOVERS/ALL OTH OUTPTNT	31	73	1,892.88	25.93	.150	61.06	3.88
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	169	5,467	\$ 836,504.10	\$ 153.01	11.203	\$ 4949.73	\$ 1714.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	5	183	19,144.21	104.61	.375	3828.84	39.23
LEV B-SUBACUTE FREESTANDING	11	328	105,654.42	322.12	.672	9604.95	216.50
LEV B-SUBACUTE HSPTL BASED	9	427	226,805.61	531.16	.875	25200.62	464.77
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	145	4,529	484,899.86	107.07	9.281	3344.14	993.65
@INTERMEDIATE CARE FACIL.-DD	297	9,193	\$ 1,721,249.43	\$ 187.23	18.838	\$ 5795.45	\$ 3527.15
ICF DDH	48	1,456	229,212.63	157.43	2.984	4775.26	469.70
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	249	7,737	1,492,036.80	192.84	15.855	5992.12	3057.45
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	15	\$ 129.56	\$ 8.64	.031	\$ 64.78	\$.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	15	129.56	8.64	.031	64.78	.27
@LABORATORY FACILITY	19	78	\$ 839.82	\$ 10.77	.160	\$ 44.20	\$ 1.72
PATHOLOGY	19	78	839.82	10.77	.160	44.20	1.72
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	74	121	\$ 5,377.34	\$ 44.44	.248	\$ 72.67	\$ 11.02
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	6	25	933.36	37.33	.051	155.56	1.91
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	68	96	4,443.98	46.29	.197	65.35	9.11

#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 6,224 03/14/05

----- MONTHLY AVERAGE -----							
488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122	32,012	\$ 27,510.27	\$.86	65.598	\$ 225.49	\$ 56.37
DURABLE MED. EQUIP.	13	100	11,341.78	113.42	.205	872.44	23.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	178	2,618.49	14.71	.365	154.03	5.37
AMBULANCES/AIR TRANS	13	141	2,409.89	17.09	.289	185.38	4.94
OTHER TRANS	4	34	175.00	5.15	.070	43.75	.36
OTHER SERVICES	3	3	33.60	11.20	.006	11.20	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	70.61	10.09	.014	23.54	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.002	46.44	.10
SPEECH AND AUDIOLOGY	27	81	3,734.86	46.11	.166	138.33	7.65
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,173	4,064.99	3.47	2.404	203.25	8.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	30,472	5,633.10	.18	62.443	104.32	11.54
@CALIF. CHILDREN SERVICES*	4	23	\$ 555.09	\$ 24.13	.047	\$ 138.77	\$ 1.14
@XOVER EXCLUDING STATE HOSP**	172	36,275	\$ 34,998.67	\$.96	74.334	\$ 203.48	\$ 71.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,225
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,226
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,227
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV							
MOP024							
MADERA COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 6,228
 03/14/05

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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	3,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,641	328,145	\$	12,156,381.38	\$ 37.05	99.438	\$ 3338.75	\$ 3683.75
@PHYSICIANS SERVICES	513	1,266	\$	33,340.52	\$ 26.34	.384	\$ 64.99	\$ 10.10
OUTPATIENT VISITS	21	30		1,289.56	42.99	.009	61.41	.39
OFFICE VISITS	8	9		244.65	27.18	.003	30.58	.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11		835.28	75.93	.003	75.93	.25
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	10		209.63	20.96	.003	29.95	.06
INPATIENT VISITS	91	381		14,548.19	38.18	.115	159.87	4.41
HOSPITAL VISITS	13	120		4,471.49	37.26	.036	343.96	1.35
CRITICAL CARE	2	19		1,996.90	105.10	.006	998.45	.61
SNF/ICF/TRANS IP CARE	84	242		8,079.80	33.39	.073	96.19	2.45
OPHTHALMOLOGICAL SERVICES	10	10		281.63	28.16	.003	28.16	.09
EXAMINATIONS	10	10		281.63	28.16	.003	28.16	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	30		2,867.89	95.60	.009	358.49	.87
PRINCIPAL SURGEON	7	13		2,477.84	190.60	.004	353.98	.75
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17		390.05	22.94	.005	195.03	.12

OUTPATIENT SURGERY	3	14		408.65	29.19	.004	136.22	.12	
PRINCIPAL SURGEON	1	1		74.65	74.65	.000	74.65	.02	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	13		334.00	25.69	.004	167.00	.10	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	4	6		205.66	34.28	.002	51.42	.06	
RADIOLOGY	17	61		1,463.36	23.99	.018	86.08	.44	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	403	734		12,275.58	16.72	.222	30.46	3.72	
@PHARMACY	2,939	180,987	\$	1,199,937.55	\$ 6.63	54.845	\$ 408.28	\$ 363.62	
PRESCRIPTION DRUGS	2,912	18,434		1,163,227.36	63.10	5.586	399.46	352.49	
SNF/ICF	2,765	17,574		1,113,859.24	63.38	5.325	402.84	337.53	
OUTPATIENTS	193	860		49,368.12	57.40	.261	255.79	14.96	
MEDICAL SUPPLIES	283	162,553		36,710.19	.23	49.258	129.72	11.12	
@DENTIST	119	397	\$	17,419.67	\$ 43.88	.120	\$ 146.38	\$ 5.28	
VISITS - DIAGNOSTIC	101	305		5,116.00	16.77	.092	50.65	1.55	
ORAL SURGERY	7	28		1,917.00	68.46	.008	273.86	.58	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	6	7		1,021.00	145.86	.002	170.17	.31	
ENDODONTICS	2	2		660.00	330.00	.001	330.00	.20	
RESTORATIVE DENTISTRY	7	14		647.00	46.21	.004	92.43	.20	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	22	34		7,120.00	209.41	.010	323.64	2.16	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	7	7		938.67	134.10	.002	134.10	.28	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
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MADERA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

3,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	30	74	\$ 1,103.14	\$ 14.91	.022	\$ 36.77	\$.33
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	20	56	948.44	16.94	.017	47.42	.29
OTHER OPTOMETRIC SERVICES	9	17	107.25	6.31	.005	11.92	.03
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.001	\$ 33.44	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.001	33.44	.01
@PODIATRIST	269	295	\$ 1,854.60	\$ 6.29	.089	\$ 6.89	\$.56
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	269	295	1,854.60	6.29	.089	6.89	.56
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$.01
@TOTAL HOSPITAL	205	558	\$ 231,142.06	\$ 414.23	.169	\$ 1127.52	\$ 70.04
HOSP INPATIENT TOTAL	73	115	221,992.72	1930.37	.035	3041.00	67.27
HSC HOSPITALS	7	115	160,663.00	1397.07	.035	22951.86	48.69
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	66	0	61,329.72	.00	.000	929.24	18.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	140	443	9,149.34	20.65	.134	65.35	2.77
MEDICAL	5	6	372.85	62.14	.002	74.57	.11
SURGERY	1	1	12.72	12.72	.000	12.72	.00
PATHOLOGY	27	93	906.26	9.74	.028	33.57	.27
RADIOLOGY	10	13	785.96	60.46	.004	78.60	.24
ROOM USE	18	24	853.27	35.55	.007	47.40	.26
CROSSOVERS/ALL OTH OUTPTNT	108	306	6,218.28	20.32	.093	57.58	1.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

3,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	558	\$ 231,142.06	\$ 414.23	.169	\$ 1127.52	\$ 70.04
COMM HOSP INPATIENT TOTAL	73	115	221,992.72	1930.37	.035	3041.00	67.27
HSC HOSPITALS	7	115	160,663.00	1397.07	.035	22951.86	48.69
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	66	0	61,329.72	.00	.000	929.24	18.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	140	443	9,149.34	20.65	.134	65.35	2.77
MEDICAL	5	6	372.85	62.14	.002	74.57	.11
SURGERY	1	1	12.72	12.72	.000	12.72	.00
PATHOLOGY	27	93	906.26	9.74	.028	33.57	.27
RADIOLOGY	10	13	785.96	60.46	.004	78.60	.24
ROOM USE	18	24	853.27	35.55	.007	47.40	.26
CROSSOVERS/ALL OTH OUTPTNT	108	306	6,218.28	20.32	.093	57.58	1.88
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.111	\$ 13421.82	\$ 48.81
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	161,061.78	440.06	.111	13421.82	48.81
@NURSING FACILITY	2,549	81,472	\$ 8,416,386.37	\$ 103.30	24.688	\$ 3301.84	\$ 2550.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	5	183	19,144.21	104.61	.055	3828.84	5.80
LEV B-SUBACUTE FREESTANDING	11	328	105,654.42	322.12	.099	9604.95	32.02
LEV B-SUBACUTE HSPTL BASED	14	634	316,482.73	499.18	.192	22605.91	95.90
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,521	80,327	7,975,105.01	99.28	24.342	3163.47	2416.70
@INTERMEDIATE CARE FACIL.-DD	351	10,784	\$ 2,009,404.58	\$ 186.33	3.268	\$ 5724.80	\$ 608.91
ICF DDH	59	1,785	280,228.84	156.99	.541	4749.64	84.92
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	292	8,999	1,729,175.74	192.15	2.727	5921.83	523.99
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	15	\$ 129.56	\$ 8.64	.005	\$ 64.78	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	15	129.56	8.64	.005	64.78	.04
@LABORATORY FACILITY	24	92	\$ 1,025.51	\$ 11.15	.028	\$ 42.73	\$.31
PATHOLOGY	24	92	1,025.51	11.15	.028	42.73	.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	147	242	\$ 9,742.10	\$ 40.26	.073	\$ 66.27	\$ 2.95
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	7	26	1,127.77	43.38	.008	161.11	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	140	216	8,614.33	39.88	.065	61.53	2.61

#CALIF DEPT OF HEALTH SERV

MOP024

MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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3,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	422	51,594	\$ 73,760.50	\$ 1.43	15.635	\$ 174.79	\$ 22.35
DURABLE MED. EQUIP.	38	386	19,698.28	51.03	.117	518.38	5.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	10	3,721.71	372.17	.003	1240.57	1.13
MEDICAL TRANSPORTATION	201	5,470	23,765.35	4.34	1.658	118.24	7.20
AMBULANCES/AIR TRANS	84	1,134	13,376.72	11.80	.344	159.25	4.05
OTHER TRANS	114	4,137	10,126.77	2.45	1.254	88.83	3.07
OTHER SERVICES	13	199	261.86	1.32	.060	20.14	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36	80	1,026.34	12.83	.024	28.51	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	281.41	5.52	.015	11.73	.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	146.81	48.94	.001	48.94	.04
SPEECH AND AUDIOLOGY	42	107	8,151.07	76.18	.032	194.07	2.47
HOSPICE SERVICES	2	37	4,105.88	110.97	.011	2052.94	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,173	4,064.99	3.47	.355	203.25	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	44,277	8,798.66	.20	13.417	107.30	2.67
@CALIF. CHILDREN SERVICES*	4	23	\$ 555.09	\$ 24.13	.007	\$ 138.77	\$.17
@XOVER EXCLUDING STATE HOSP**	1,296	57,046	\$ 324,988.97	\$ 5.70	17.287	\$ 250.76	\$ 98.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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8,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,768	348,658	\$ 11,178,800.56	\$ 32.06	41.522	\$ 1439.08	\$ 1331.29
@PHYSICIANS SERVICES	1,476	4,399	\$ 116,279.52	\$ 26.43	.524	\$ 78.78	\$ 13.85
OUTPATIENT VISITS	234	342	13,498.51	39.47	.041	57.69	1.61
OFFICE VISITS	206	299	10,366.84	34.67	.036	50.32	1.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	40	3,056.95	76.42	.005	84.92	.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	74.72	24.91	.000	37.36	.01
INPATIENT VISITS	80	279	10,373.92	37.18	.033	129.67	1.24
HOSPITAL VISITS	25	173	6,605.40	38.18	.021	264.22	.79
CRITICAL CARE	4	9	906.30	100.70	.001	226.58	.11
SNF/ICF/TRANS IP CARE	58	97	2,862.22	29.51	.012	49.35	.34
OPHTHALMOLOGICAL SERVICES	49	55	1,614.36	29.35	.007	32.95	.19

EXAMINATIONS	49	55	1,614.36	29.35	.007	32.95	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	47	4,072.90	86.66	.006	271.53	.49
PRINCIPAL SURGEON	11	16	3,237.12	202.32	.002	294.28	.39
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.01
ANESTHESIOLOGIST	5	30	734.70	24.49	.004	146.94	.09
OUTPATIENT SURGERY	53	105	20,981.93	199.83	.013	395.89	2.50
PRINCIPAL SURGEON	43	52	19,353.43	372.18	.006	450.08	2.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	53	1,628.50	30.73	.006	125.27	.19
DIALYSIS	1	2	144.32	72.16	.000	144.32	.02
PATHOLOGY	104	185	2,824.13	15.27	.022	27.16	.34
RADIOLOGY	127	231	5,943.51	25.73	.028	46.80	.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15	7,530.60	502.04	.002	537.90	.90
OTHER SERVICES/ALL X-OVERS	1,130	3,138	49,295.34	15.71	.374	43.62	5.87
@PHARMACY	6,175	212,174	\$ 2,028,041.63	\$ 9.56	25.268	\$ 328.43	\$ 241.52
PRESCRIPTION DRUGS	6,030	29,660	1,970,584.44	66.44	3.532	326.80	234.68
SNF/ICF	2,467	15,708	923,899.00	58.82	1.871	374.50	110.03
OUTPATIENTS	3,598	13,952	1,046,685.44	75.02	1.662	290.91	124.65
MEDICAL SUPPLIES	694	182,514	57,457.19	.31	21.736	82.79	6.84
@DENTIST	320	1,264	\$ 56,371.75	\$ 44.60	.151	\$ 176.16	\$ 6.71
VISITS - DIAGNOSTIC	230	788	9,747.25	12.37	.094	42.38	1.16
ORAL SURGERY	41	158	10,551.50	66.78	.019	257.35	1.26
DRUGS	1	3	45.00	15.00	.000	45.00	.01
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	21	21	1,914.00	91.14	.003	91.14	.23
ENDODONTICS	7	9	1,556.00	172.89	.001	222.29	.19
RESTORATIVE DENTISTRY	42	119	7,016.00	58.96	.014	167.05	.84
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	72	146	25,412.00	174.05	.017	352.94	3.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	18	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MADI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,234
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	8,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	118	278	\$	5,202.52	\$ 18.71	.033	\$ 44.09	\$.62
DIAGNOSTIC AND ANC. PROCED	12	14		450.95	32.21	.002	37.58	.05
EYE APPLIANCES	72	194		3,265.62	16.83	.023	45.36	.39
OTHER OPTOMETRIC SERVICES	42	70		1,485.95	21.23	.008	35.38	.18
@CHIROPRACTOR	8	13	\$	162.18	\$ 12.48	.002	\$ 20.27	\$.02
VISITS	2	5		83.60	16.72	.001	41.80	.01
OTHER SERVICES	6	8		78.58	9.82	.001	13.10	.01
@PODIATRIST	289	332	\$	2,344.92	\$ 7.06	.040	\$ 8.11	\$.28
MEDICINE/INJECTIONS	7	7		211.50	30.21	.001	30.21	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	282	325		2,133.42	6.56	.039	7.57	.25
@HOME HEALTH AGENCY	8	30	\$	2,067.46	\$ 68.92	.004	\$ 258.43	\$.25
NURSE ANESTHESIST	1	7	\$	115.93	\$ 16.56	.001	\$ 115.93	\$.01

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.000	\$	40.00	\$	.00
@TOTAL HOSPITAL	600	2,302	\$	372,992.06	\$	162.03	.274	\$	621.65	\$	44.42
HOSP INPATIENT TOTAL	125	132		309,730.80		2346.45	.016		2477.85		36.89
HSC HOSPITALS	13	77		88,146.66		1144.76	.009		6780.51		10.50
NON-HSC HOSPITAL TOTAL	5	55		129,214.16		2349.35	.007		25842.83		15.39
ACCOMMODATIONS	5	55		40,353.75		733.70	.007		8070.75		4.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	55		40,353.75		733.70	.007		8070.75		4.81
ANCILLARIES	5	0		88,860.41		.00	.000		17772.08		10.58
INPATIENT CROSSOVERS	107	0		92,369.98		.00	.000		863.27		11.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	500	2,170		63,261.26		29.15	.258		126.52		7.53
MEDICAL	43	68		3,612.12		53.12	.008		84.00		.43
SURGERY	20	23		3,894.61		169.33	.003		194.73		.46
PATHOLOGY	71	277		3,384.16		12.22	.033		47.66		.40
RADIOLOGY	80	113		12,238.00		108.30	.013		152.98		1.46
ROOM USE	50	75		3,965.04		52.87	.009		79.30		.47
CROSSOVERS/ALL OTH OUTPTNT	386	1,614		36,167.33		22.41	.192		93.70		4.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,235
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

8,397 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	600	2,302	\$ 372,992.06	\$ 162.03	.274	\$ 621.65	\$ 44.42		
COMM HOSP INPATIENT TOTAL	125	132	309,730.80	2346.45	.016	2477.85	36.89		
HSC HOSPITALS	13	77	88,146.66	1144.76	.009	6780.51	10.50		
NON-HSC HOSPITALS TOTAL	5	55	129,214.16	2349.35	.007	25842.83	15.39		
ACCOMMODATIONS	5	55	40,353.75	733.70	.007	8070.75	4.81		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	5	55	40,353.75	733.70	.007	8070.75	4.81		
ANCILLARIES	5	0	88,860.41	.00	.000	17772.08	10.58		
INPATIENT CROSSOVERS	107	0	92,369.98	.00	.000	863.27	11.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	500	2,170	63,261.26	29.15	.258	126.52	7.53		
MEDICAL	43	68	3,612.12	53.12	.008	84.00	.43		
SURGERY	20	23	3,894.61	169.33	.003	194.73	.46		
PATHOLOGY	71	277	3,384.16	12.22	.033	47.66	.40		
RADIOLOGY	80	113	12,238.00	108.30	.013	152.98	1.46		
ROOM USE	50	75	3,965.04	52.87	.009	79.30	.47		
CROSSOVERS/ALL OTH OUTPTNT	386	1,614	36,167.33	22.41	.192	93.70	4.31		
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.044	\$ 13421.82	\$ 19.18		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	12	366	161,061.78	440.06	.044	13421.82	19.18		
@NURSING FACILITY	2,493	77,760	\$ 7,904,437.04	\$ 101.65	9.260	\$ 3170.65	\$ 941.34		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	9	298	131,854.81	442.47	.035	14650.53	15.70		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	2,485	77,462	7,772,582.23	100.34	9.225	3127.80	925.64		
@INTERMEDIATE CARE FACIL.-DD	54	1,591	\$ 288,155.15	\$ 181.12	.189	\$ 5336.21	\$ 34.32		
ICF DDH	11	329	51,016.21	155.06	.039	4637.84	6.08		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	43	1,262	237,138.94	187.91	.150	5514.86	28.24		
@HEMODIALYSIS TOTAL	27	38	\$ 14,309.43	\$ 376.56	.005	\$ 529.98	\$ 1.70		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	27	38	14,309.43	376.56	.005	529.98	1.70		
@REHABILITATION FACILITY	1	1	\$ 96.24	\$ 96.24	.000	\$ 96.24	\$.01		
HOSPITAL BASED	1	1	96.24	96.24	.000	96.24	.01		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	98	440	\$ 4,538.40	\$ 10.31	.052	\$ 46.31	\$.54		
PATHOLOGY	96	438	4,530.70	10.34	.052	47.19	.54		
XO AND OTHERS	2	2	7.70	3.85	.000	3.85	.00		
@ORGANIZED OUTPATIENT CLINIC	846	1,414	\$ 97,482.99	\$ 68.94	.168	\$ 115.23	\$ 11.61		
CLINIC	0	0	.00	.00	.000	.00	.00		

SURGICENTER	10	37	1,584.73	42.83	.004	158.47	.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	837	1,377	95,898.26	69.64	.164	114.57	11.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,236
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

8,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	963	46,248	\$ 125,101.56	\$ 2.71	5.508	\$ 129.91	\$ 14.90
DURABLE MED. EQUIP.	41	336	9,932.53	29.56	.040	242.26	1.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	44	12,778.38	290.42	.005	456.37	1.52
MEDICAL TRANSPORTATION	259	6,840	29,483.79	4.31	.815	113.84	3.51
AMBULANCES/AIR TRANS	108	1,430	16,269.47	11.38	.170	150.64	1.94
OTHER TRANS	142	5,155	12,700.34	2.46	.614	89.44	1.51
OTHER SERVICES	19	255	513.98	2.02	.030	27.05	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	84	437	31,357.54	71.76	.052	373.30	3.73
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	148	348	4,164.50	11.97	.041	28.14	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	281.41	5.52	.006	11.73	.03
PROSTHETIST/ORTHOTISTS	4	9	502.57	55.84	.001	125.64	.06
PROSTHETICS	4	9	502.57	55.84	.001	125.64	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	100.37	50.19	.000	50.19	.01
SPEECH AND AUDIOLOGY	39	68	11,955.68	175.82	.008	306.56	1.42
HOSPICE SERVICES	4	76	8,537.06	112.33	.009	2134.27	1.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	404	38,037	16,007.73	.42	4.530	39.62	1.91
@CALIF. CHILDREN SERVICES*	2	2	\$ 118.75	\$ 59.38	.000	\$ 59.38	\$.01
@XOVER EXCLUDING STATE HOSP**	2,458	27,768	\$ 513,587.11	\$ 18.50	3.307	\$ 208.95	\$ 61.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,237
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	548	\$ 17,553.95	\$ 32.03	23.826	\$ 605.31	\$ 763.22
@PHYSICIANS SERVICES	1	1	\$ 4.11	\$ 4.11	.043	\$ 4.11	\$.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		4.11	4.11	.043	4.11	.18
@PHARMACY	21	428	\$	7,843.93	\$ 18.33	18.609	\$ 373.52	\$ 341.04
PRESCRIPTION DRUGS	18	80		7,448.12	93.10	3.478	413.78	323.83
SNF/ICF	4	25		1,822.91	72.92	1.087	455.73	79.26
OUTPATIENTS	14	55		5,625.21	102.28	2.391	401.80	244.57
MEDICAL SUPPLIES	5	348		395.81	1.14	15.130	79.16	17.21
@DENTIST	1	2	\$	158.00	\$ 79.00	.087	\$ 158.00	\$ 6.87
VISITS - DIAGNOSTIC	1	1		40.00	40.00	.043	40.00	1.74
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.043	118.00	5.13
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024 FEE-FOR-SERVICE/DENTAL								
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								
PAGE 6,238								
03/14/05								

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	2	4	\$	116.20	\$	29.05	.174	\$	58.10
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	2	4		116.20		29.05	.174		58.10
MEDICAL	1	1		28.47		28.47	.043		28.47
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	1	1		15.18		15.18	.043		15.18
CROSSOVERS/ALL OTH OUTPTNT	2	2		72.55		36.28	.087		36.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,239
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		4	\$ 116.20	\$ 29.05	.174	\$ 58.10	\$ 5.05
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		116.20	29.05	.174	58.10	5.05
MEDICAL	1	1		28.47	28.47	.043	28.47	1.24
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		15.18	15.18	.043	15.18	.66
CROSSOVERS/ALL OTH OUTPTNT	2	2		72.55	36.28	.087	36.28	3.15
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	91	\$	8,108.60	\$ 89.11	3.957	\$ 2702.87	\$ 352.55
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	91		8,108.60	89.11	3.957	2702.87	352.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	28.69	\$ 9.56	.130	\$ 28.69	\$ 1.25
PATHOLOGY	1	3		28.69	9.56	.130	28.69	1.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	16	\$	844.58	\$ 52.79	.696	\$ 140.76	\$ 36.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	16		844.58	52.79	.696	140.76	36.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,240
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$	449.84	\$ 149.95	.130	\$ 224.92	\$ 19.56
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		125.14	.00	.000	.00	5.44
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	3		324.70	108.23	.130	162.35	14.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	251	\$	679.20	\$ 2.71	10.913	\$ 113.20	\$ 29.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,241
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

	3,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,613	281,074	\$	5,452,333.69	\$ 19.40	82.282	\$ 1509.09	\$ 1596.12
@PHYSICIANS SERVICES	901	5,162	\$	158,225.54	\$ 30.65	1.511	\$ 175.61	\$ 46.32

OUTPATIENT VISITS	205	381		12,810.91	33.62	.112	62.49	3.75
OFFICE VISITS	136	279		6,956.86	24.93	.082	51.15	2.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	57	68		4,791.12	70.46	.020	84.05	1.40
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	34		1,062.93	31.26	.010	40.88	.31
INPATIENT VISITS	91	753		31,613.49	41.98	.220	347.40	9.25
HOSPITAL VISITS	51	529		19,364.06	36.61	.155	379.69	5.67
CRITICAL CARE	7	52		5,884.30	113.16	.015	840.61	1.72
SNF/ICF/TRANS IP CARE	44	172		6,365.13	37.01	.050	144.66	1.86
OPHTHALMOLOGICAL SERVICES	19	19		560.35	29.49	.006	29.49	.16
EXAMINATIONS	19	19		560.35	29.49	.006	29.49	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	170		23,533.55	138.43	.050	588.34	6.89
PRINCIPAL SURGEON	33	60		20,716.63	345.28	.018	627.78	6.06
ASSISTANT SURGEON	1	1		100.52	100.52	.000	100.52	.03
ANESTHESIOLOGIST	11	109		2,716.40	24.92	.032	246.95	.80
OUTPATIENT SURGERY	29	310		6,114.45	19.72	.091	210.84	1.79
PRINCIPAL SURGEON	23	30		4,818.24	160.61	.009	209.49	1.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	280		1,296.21	4.63	.082	185.17	.38
DIALYSIS	31	107		8,162.42	76.28	.031	263.30	2.39
PATHOLOGY	79	239		2,744.24	11.48	.070	34.74	.80
RADIOLOGY	114	409		11,323.36	27.69	.120	99.33	3.31
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	27	1,285		31,896.90	24.82	.376	1181.37	9.34
OTHER SERVICES/ALL X-OVERS	569	1,489		29,465.87	19.79	.436	51.79	8.63
@PHARMACY	2,873	193,276	\$	1,460,703.79	\$ 7.56	56.580	\$ 508.42	\$ 427.61
PRESCRIPTION DRUGS	2,807	13,586		1,396,974.89	102.82	3.977	497.68	408.95
SNF/ICF	426	2,696		234,530.95	86.99	.789	550.54	68.66
OUTPATIENTS	2,408	10,890		1,162,443.94	106.74	3.188	482.74	340.29
MEDICAL SUPPLIES	541	179,690		63,728.90	.35	52.602	117.80	18.66
@DENTIST	256	1,318	\$	43,837.43	\$ 33.26	.386	\$ 171.24	\$ 12.83
VISITS - DIAGNOSTIC	187	854		9,929.00	11.63	.250	53.10	2.91
ORAL SURGERY	37	167		8,440.76	50.54	.049	228.13	2.47
DRUGS	2	6		90.00	15.00	.002	45.00	.03
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.06
PERIODONTICS	34	35		3,446.00	98.46	.010	101.35	1.01
ENDODONTICS	19	21		3,793.00	180.62	.006	199.63	1.11
RESTORATIVE DENTISTRY	69	159		9,164.00	57.64	.047	132.81	2.68
PROSTHETICS	3	3		60.00	20.00	.001	20.00	.02
DENTURES, STAYPLATES	25	49		7,776.00	158.69	.014	311.04	2.28
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7		938.67	134.10	.002	134.10	.27
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	15		.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,242
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

EYE APPLIANCES	41	105		1,655.05		15.76	.031	40.37	.48
OTHER OPTOMETRIC SERVICES	7	10		376.45		37.65	.003	53.78	.11
@CHIROPRACTOR	7	14	\$	234.08	\$	16.72	.004	\$ 33.44	\$.07
VISITS	5	11		183.92		16.72	.003	36.78	.05
OTHER SERVICES	2	3		50.16		16.72	.001	25.08	.01
@PODIATRIST	53	72	\$	756.54	\$	10.51	.021	\$ 14.27	\$.22
MEDICINE/INJECTIONS	7	8		235.50		29.44	.002	33.64	.07
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	46	64		521.04		8.14	.019	11.33	.15
@HOME HEALTH AGENCY	19	2,987	\$	91,435.05	\$	30.61	.874	\$ 4812.37	\$ 26.77
NURSE ANESTHESIST	9	153	\$	2,107.82	\$	13.78	.045	\$ 234.20	\$.62
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	489	2,860	\$	733,456.04	\$	256.45	.837	\$ 1499.91	\$ 214.71
HOSP INPATIENT TOTAL	81	468		665,134.09		1421.23	.137	8211.53	194.71
HSC HOSPITALS	34	400		504,771.26		1261.93	.117	14846.21	147.77
NON-HSC HOSPITAL TOTAL	14	68		120,856.03		1777.29	.020	8632.57	35.38
ACCOMMODATIONS	14	68		27,865.93		409.79	.020	1990.42	8.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	14	68		27,865.93		409.79	.020	1990.42	8.16
ANCILLARIES	14	0		92,990.10		.00	.000	6642.15	27.22
INPATIENT CROSSOVERS	33	0		39,506.80		.00	.000	1197.18	11.57
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	430	2,392		68,321.95		28.56	.700	158.89	20.00
MEDICAL	55	85		3,270.02		38.47	.025	59.45	.96
SURGERY	12	12		1,010.66		84.22	.004	84.22	.30
PATHOLOGY	103	419		4,358.95		10.40	.123	42.32	1.28
RADIOLOGY	61	221		11,558.32		52.30	.065	189.48	3.38
ROOM USE	86	117		4,923.91		42.08	.034	57.25	1.44
CROSSOVERS/ALL OTH OUTPTNT	298	1,538		43,200.09		28.09	.450	144.97	12.65
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,243
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

3,416 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	489	2,860	\$	733,456.04	\$ 256.45	.837	\$ 1499.91	\$ 214.71
COMM HOSP INPATIENT TOTAL	81	468		665,134.09	1421.23	.137	8211.53	194.71
HSC HOSPITALS	34	400		504,771.26	1261.93	.117	14846.21	147.77
NON-HSC HOSPITALS TOTAL	14	68		120,856.03	1777.29	.020	8632.57	35.38
ACCOMMODATIONS	14	68		27,865.93	409.79	.020	1990.42	8.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	68		27,865.93	409.79	.020	1990.42	8.16
ANCILLARIES	14	0		92,990.10	.00	.000	6642.15	27.22
INPATIENT CROSSOVERS	33	0		39,506.80	.00	.000	1197.18	11.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	430	2,392		68,321.95	28.56	.700	158.89	20.00
MEDICAL	55	85		3,270.02	38.47	.025	59.45	.96
SURGERY	12	12		1,010.66	84.22	.004	84.22	.30
PATHOLOGY	103	419		4,358.95	10.40	.123	42.32	1.28
RADIOLOGY	61	221		11,558.32	52.30	.065	189.48	3.38
ROOM USE	86	117		4,923.91	42.08	.034	57.25	1.44
CROSSOVERS/ALL OTH OUTPTNT	298	1,538		43,200.09	28.09	.450	144.97	12.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	192	6,164	\$	917,060.59	\$ 148.78	1.804	\$ 4776.36	\$ 268.46
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	6	204		21,775.93	106.74	.060	3629.32	6.37
LEV B-SUBACUTE FREESTANDING	11	328		105,654.42	322.12	.096	9604.95	30.93
LEV B-SUBACUTE HSPTL BASED	9	427		226,805.61	531.16	.125	25200.62	66.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	167	5,205		562,824.63	108.13	1.524	3370.21	164.76
@INTERMEDIATE CARE FACIL.-DD	297	9,193	\$	1,721,249.43	\$ 187.23	2.691	\$ 5795.45	\$ 503.88
ICF DDH	48	1,456		229,212.63	157.43	.426	4775.26	67.10
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	249	7,737		1,492,036.80	192.84	2.265	5992.12	436.78
@HEMODIALYSIS TOTAL	94	1,315	\$	109,475.99	\$ 83.25	.385	\$ 1164.64	\$ 32.05
HOSPITAL BASED	1	2		4,661.79	2330.90	.001	4661.79	1.36
HEMODIALYSIS CENTER	93	1,313		104,814.20	79.83	.384	1127.03	30.68
@REHABILITATION FACILITY	4	18	\$	379.46	\$ 21.08	.005	\$ 94.87	\$.11
HOSPITAL BASED	2	3		249.90	83.30	.001	124.95	.07
INDEPENDENT FACILITY	2	15		129.56	8.64	.004	64.78	.04
@LABORATORY FACILITY	108	652	\$	6,637.25	\$ 10.18	.191	\$ 61.46	\$ 1.94
PATHOLOGY	107	651		6,634.25	10.19	.191	62.00	1.94
XO AND OTHERS	1	1		3.00	3.00	.000	3.00	.00
@ORGANIZED OUTPATIENT CLINIC	616	1,080	\$	79,477.47	\$ 73.59	.316	\$ 129.02	\$ 23.27
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	20	71		2,912.71	41.02	.021	145.64	.85
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	599	1,009		76,564.76	75.88	.295	127.82	22.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

	3,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	575	56,661	\$	124,055.65	\$ 2.19	16.587	\$ 215.75	\$ 36.32
DURABLE MED. EQUIP.	30	175		18,810.43	107.49	.051	627.01	5.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	5	8	2,557.22	319.65	.002	511.44	.75
MEDICAL TRANSPORTATION	80	2,763	20,180.61	7.30	.809	252.26	5.91
AMBULANCES/AIR TRANS	48	619	7,568.10	12.23	.181	157.67	2.22
OTHER TRANS	32	2,135	10,729.33	5.03	.625	335.29	3.14
OTHER SERVICES	5	9	1,883.18	209.24	.003	376.64	.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	48	3,183.33	66.32	.014	289.39	.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	12	459.61	38.30	.004	459.61	.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	74	177	1,795.00	10.14	.052	24.26	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	152.42	25.40	.002	76.21	.04
PROSTHETIST/ORTHOTISTS	8	57	1,841.29	32.30	.017	230.16	.54
PROSTHETICS	8	57	1,841.29	32.30	.017	230.16	.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	14	65.16	4.65	.004	16.29	.02
SPEECH AND AUDIOLOGY	29	85	5,000.94	58.83	.025	172.45	1.46
HOSPICE SERVICES	1	30	3,939.75	131.33	.009	3939.75	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,524	16,493.07	2.53	1.910	206.16	4.83
EPSDT SUPPLEMENTAL SERVICE	6	1,135	28,284.20	24.92	.332	4714.03	8.28
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	290	45,627	21,292.62	.47	13.357	73.42	6.23
@CALIF. CHILDREN SERVICES*	18	2,453	\$ 7,602.49	\$ 3.10	.718	\$ 422.36	\$ 2.23
@XOVER EXCLUDING STATE HOSP**	980	42,640	\$ 180,571.47	\$ 4.23	12.482	\$ 184.26	\$ 52.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

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MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

210,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	88,289	509,785	\$ 26,468,724.01	\$ 51.92	2.423	\$ 299.80	\$ 125.80
@PHYSICIANS SERVICES	32,104	84,950	\$ 3,579,967.48	\$ 42.14	.404	\$ 111.51	\$ 17.02
OUTPATIENT VISITS	23,234	35,361	1,247,781.32	35.29	.168	53.70	5.93
OFFICE VISITS	17,101	22,446	684,435.75	30.49	.107	40.02	3.25
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,458	4,938	272,026.06	55.09	.023	61.02	1.29
PREVENTIVE CARE	10	11	470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244	269,492.31	37.20	.034	132.56	1.28
OTHER OUTPATIENT	620	721	21,302.57	29.55	.003	34.36	.10
INPATIENT VISITS	1,341	4,768	309,132.12	64.83	.023	230.52	1.47
HOSPITAL VISITS	1,261	3,501	155,566.93	44.43	.017	123.37	.74
CRITICAL CARE	125	1,126	149,069.99	132.39	.005	1192.56	.71
SNF/ICF/TRANS IP CARE	12	141	4,495.20	31.88	.001	374.60	.02
OPHTHALMOLOGICAL SERVICES	685	785	34,440.74	43.87	.004	50.28	.16
EXAMINATIONS	679	779	34,320.74	44.06	.004	50.55	.16
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,500	4,055	890,208.42	219.53	.019	593.47	4.23
PRINCIPAL SURGEON	1,153	1,347	792,653.99	588.46	.006	687.47	3.77
ASSISTANT SURGEON	179	178	30,402.55	170.80	.001	169.85	.14
ANESTHESIOLOGIST	357	2,530	67,151.88	26.54	.012	188.10	.32
OUTPATIENT SURGERY	1,920	4,329	305,771.48	70.63	.021	159.26	1.45
PRINCIPAL SURGEON	1,603	1,990	255,292.39	128.29	.009	159.26	1.21
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	468	2,328	48,397.24	20.79	.011	103.41	.23
DIALYSIS	40	116	9,937.32	85.67	.001	248.43	.05
PATHOLOGY	5,065	8,301	113,696.50	13.70	.039	22.45	.54
RADIOLOGY	6,191	9,252	297,983.86	32.21	.044	48.13	1.42
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	940	3,259	127,042.04	38.98	.015	135.15	.60
OTHER SERVICES/ALL X-OVERS	3,920	14,720	243,764.94	16.56	.070	62.18	1.16
@PHARMACY	45,302	133,121	\$ 5,311,181.83	\$ 39.90	.633	\$ 117.24	\$ 25.24
PRESCRIPTION DRUGS	44,793	114,831	5,142,128.15	44.78	.546	114.80	24.44
SNF/ICF	35	189	14,043.18	74.30	.001	401.23	.07
OUTPATIENTS	44,768	114,642	5,128,084.97	44.73	.545	114.55	24.37
MEDICAL SUPPLIES	2,156	18,290	169,053.68	9.24	.087	78.41	.80
@DENTIST	10,771	63,204	\$ 1,457,826.84	\$ 23.07	.300	\$ 135.35	\$ 6.93
VISITS - DIAGNOSTIC	7,456	47,088	493,257.07	10.48	.224	66.16	2.34
ORAL SURGERY	1,615	2,841	170,165.25	59.90	.014	105.37	.81
DRUGS	215	380	6,705.00	17.64	.002	31.19	.03
ANESTHESIA	85	87	8,600.00	98.85	.000	101.18	.04
PERIODONTICS	591	620	52,717.50	85.03	.003	89.20	.25
ENDODONTICS	643	1,103	143,601.50	130.19	.005	223.33	.68
RESTORATIVE DENTISTRY	3,874	9,817	499,753.80	50.91	.047	129.00	2.38
PROSTHETICS	39	43	1,140.00	26.51	.000	29.23	.01
DENTURES, STAYPLATES	101	336	29,027.96	86.39	.002	287.41	.14
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04
MAXILLOFACIAL SERVICES	69	70	6,588.26	94.12	.000	95.48	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	390	440	34,637.50	78.72	.002	88.81	.16
ALL OTHER SERVICES	196	286	2,475.00	8.65	.001	12.63	.01

MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

210,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,183	3,021	\$ 69,528.31	\$ 23.01	.014	\$ 58.77	\$.33
DIAGNOSTIC AND ANC. PROCED	875	1,018	39,412.91	38.72	.005	45.04	.19
EYE APPLIANCES	733	1,987	29,573.19	14.88	.009	40.35	.14
OTHER OPTOMETRIC SERVICES	15	16	542.21	33.89	.000	36.15	.00
@CHIROPRACTOR	642	1,039	\$ 17,350.36	\$ 16.70	.005	\$ 27.03	\$.08
VISITS	640	1,037	17,316.92	16.70	.005	27.06	.08
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	298	368	\$ 12,158.26	\$ 33.04	.002	\$ 40.80	\$.06
MEDICINE/INJECTIONS	290	344	10,669.18	31.02	.002	36.79	.05
SURGERY/ANES.	5	5	823.74	164.75	.000	164.75	.00
RADIO./PATHOLOGY	10	11	185.98	16.91	.000	18.60	.00
OTHER	7	8	479.36	59.92	.000	68.48	.00
@HOME HEALTH AGENCY	71	575	\$ 31,225.02	\$ 54.30	.003	\$ 439.79	\$.15
NURSE ANESTHESIST	42	686	\$ 8,502.62	\$ 12.39	.003	\$ 202.44	\$.04
NURSE MIDWIFE	10	15	\$ 2,253.27	\$ 150.22	.000	\$ 225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	8	\$ 221.83	\$ 27.73	.000	\$ 36.97	\$.00
@TOTAL HOSPITAL	14,278	55,428	\$ 9,122,679.10	\$ 164.59	.263	\$ 638.93	\$ 43.36
HOSP INPATIENT TOTAL	1,537	6,258	7,593,619.75	1213.43	.030	4940.55	36.09
HSC HOSPITALS	867	3,461	5,377,526.02	1553.75	.016	6202.45	25.56
NON-HSC HOSPITAL TOTAL	679	2,797	2,213,465.73	791.37	.013	3259.89	10.52
ACCOMMODATIONS	679	2,797	831,339.62	297.23	.013	1224.36	3.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	679	2,797	831,339.62	297.23	.013	1224.36	3.95
ANCILLARIES	678	0	1,382,126.11	.00	.000	2038.53	6.57
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,228	49,170	1,529,059.35	31.10	.234	115.59	7.27
MEDICAL	2,768	3,929	186,183.06	47.39	.019	67.26	.88
SURGERY	1,274	1,590	107,792.88	67.79	.008	84.61	.51
PATHOLOGY	4,883	17,722	200,112.84	11.29	.084	40.98	.95
RADIOLOGY	3,924	5,344	413,204.50	77.32	.025	105.30	1.96
ROOM USE	7,370	9,618	388,385.72	40.38	.046	52.70	1.85
CROSSOVERS/ALL OTH OUTPTNT	5,040	10,967	233,380.35	21.28	.052	46.31	1.11
@COUNTY HOSPITAL TOTAL	70	321	\$ 48,829.16	\$ 152.12	.002	\$ 697.56	\$.23
CO HOSPITAL INPATIENT TOTAL	9	32	39,674.06	1239.81	.000	4408.23	.19
HSC HOSPITALS	9	32	39,674.06	1239.81	.000	4408.23	.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	289	9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36	1,351.41	37.54	.000	58.76	.01
SURGERY	9	12	445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93	1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19	1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67	2,791.63	41.67	.000	58.16	.01

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
210,397 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	14,216	55,107	\$ 9,073,849.94	\$ 164.66	.262	\$ 638.28	\$ 43.13
COMM HOSP INPATIENT TOTAL	1,528	6,226	7,553,945.69	1213.29	.030	4943.68	35.90
HSC HOSPITALS	858	3,429	5,337,851.96	1556.68	.016	6221.27	25.37
NON-HSC HOSPITALS TOTAL	679	2,797	2,213,465.73	791.37	.013	3259.89	10.52
ACCOMMODATIONS	679	2,797	831,339.62	297.23	.013	1224.36	3.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	679	2,797	831,339.62	297.23	.013	1224.36	3.95
ANCILLARIES	678	0	1,382,126.11	.00	.000	2038.53	6.57
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,169	48,881	1,519,904.25	31.09	.232	115.42	7.22
MEDICAL	2,746	3,893	184,831.65	47.48	.019	67.31	.88
SURGERY	1,265	1,578	107,347.23	68.03	.008	84.86	.51
PATHOLOGY	4,865	17,629	198,458.30	11.26	.084	40.79	.94
RADIOLOGY	3,910	5,325	411,869.31	77.35	.025	105.34	1.96
ROOM USE	7,323	9,551	385,594.09	40.37	.045	52.66	1.83
CROSSOVERS/ALL OTH OUTPTNT	5,012	10,905	231,803.67	21.26	.052	46.25	1.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	673	\$ 169,673.52	\$ 252.12	.003	\$ 9980.80	\$.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	12	359	123,808.33	344.87	.002	10317.36	.59
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	314	45,865.19	146.07	.001	9173.04	.22
@INTERMEDIATE CARE FACIL.-DD	5	209	\$ 41,146.60	\$ 196.87	.001	\$ 8229.32	\$.20
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	5	209	41,146.60	196.87	.001	8229.32	.20
@HEMODIALYSIS TOTAL	84	1,496	\$ 122,361.88	\$ 81.79	.007	\$ 1456.69	\$.58
HOSPITAL BASED	1	2	5,228.04	2614.02	.000	5228.04	.02
HEMODIALYSIS CENTER	83	1,494	117,133.84	78.40	.007	1411.25	.56
@REHABILITATION FACILITY	128	452	\$ 15,364.51	\$ 33.99	.002	\$ 120.04	\$.07
HOSPITAL BASED	128	452	15,364.51	33.99	.002	120.04	.07
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6,248	23,731	\$ 317,919.85	\$ 13.40	.113	\$ 50.88	\$ 1.51
PATHOLOGY	6,205	23,660	313,840.74	13.26	.112	50.58	1.49
XO AND OTHERS	70	71	4,079.11	57.45	.000	58.27	.02
@ORGANIZED OUTPATIENT CLINIC	24,558	40,920	\$ 5,812,404.81	\$ 142.04	.194	\$ 236.68	\$ 27.63
CLINIC	1,506	5,516	148,796.71	26.98	.026	98.80	.71
SURGICENTER	268	1,150	49,570.36	43.10	.005	184.96	.24
HEROIN DETOX CLINIC	8	90	1,018.98	11.32	.000	127.37	.00
RURAL HEALTH CLINIC	23,263	34,164	5,613,018.76	164.30	.162	241.29	26.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,248
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MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

210,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,909	99,889	\$ 376,957.92	\$ 3.77	.475	\$ 63.79	\$ 1.79
DURABLE MED. EQUIP.	121	369	21,774.97	59.01	.002	179.96	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	791	14,594	144,906.05	9.93	.069	183.19	.69
AMBULANCES/AIR TRANS	780	11,955	118,197.13	9.89	.057	151.53	.56
OTHER TRANS	13	2,606	8,431.32	3.24	.012	648.56	.04
OTHER SERVICES	17	33	18,277.60	553.87	.000	1075.15	.09
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.000	139.16	.00
GENETIC DISEASE TESTING	495	497	52,185.00	105.00	.002	105.42	.25
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,450	3,159	30,841.62	9.76	.015	21.27	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	72	5,143.95	71.44	.000	102.88	.02
PROSTHETICS	50	72	5,143.95	71.44	.000	102.88	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,399.73	51.84	.000	279.95	.01
SPEECH AND AUDIOLOGY	25	59	3,987.33	67.58	.000	159.49	.02
HOSPICE SERVICES	2	10	1,250.70	125.07	.000	625.35	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,812	12,735	100,159.85	7.86	.061	35.62	.48
EPSDT SUPPLEMENTAL SERVICE	1	20	566.15	28.31	.000	566.15	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	225	68,341	14,527.72	.21	.325	64.57	.07
@CALIF. CHILDREN SERVICES*	640	25,148	\$ 1,962,804.48	\$ 78.05	.120	\$ 3066.88	\$ 9.33
@XOVER EXCLUDING STATE HOSP**	243	871	\$ 45,363.79	\$ 52.08	.004	\$ 186.68	\$.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

222,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	99,699	1,140,065	\$ 43,117,412.21	\$ 37.82	5.130	\$ 432.48	\$ 194.02
@PHYSICIANS SERVICES	34,482	94,512	\$ 3,854,476.65	\$ 40.78	.425	\$ 111.78	\$ 17.34
OUTPATIENT VISITS	23,673	36,084	1,274,090.74	35.31	.162	53.82	5.73
OFFICE VISITS	17,443	23,024	701,759.45	30.48	.104	40.23	3.16
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,551	5,046	279,874.13	55.46	.023	61.50	1.26
PREVENTIVE CARE	10	11	470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244	269,492.31	37.20	.033	132.56	1.21
OTHER OUTPATIENT	648	758	22,440.22	29.60	.003	34.63	.10
INPATIENT VISITS	1,512	5,800	351,119.53	60.54	.026	232.22	1.58
HOSPITAL VISITS	1,337	4,203	181,536.39	43.19	.019	135.78	.82
CRITICAL CARE	136	1,187	155,860.59	131.31	.005	1146.03	.70
SNF/ICF/TRANS IP CARE	114	410	13,722.55	33.47	.002	120.37	.06
OPHTHALMOLOGICAL SERVICES	753	859	36,615.45	42.63	.004	48.63	.16

EXAMINATIONS	747	853	36,495.45	42.78	.004	48.86	.16
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,555	4,272	917,814.87	214.84	.019	590.23	4.13
PRINCIPAL SURGEON	1,197	1,423	816,607.74	573.86	.006	682.21	3.67
ASSISTANT SURGEON	181	180	30,604.15	170.02	.001	169.08	.14
ANESTHESIOLOGIST	373	2,669	70,602.98	26.45	.012	189.28	.32
OUTPATIENT SURGERY	2,002	4,744	332,867.86	70.17	.021	166.27	1.50
PRINCIPAL SURGEON	1,669	2,072	279,464.06	134.88	.009	167.44	1.26
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	488	2,661	51,321.95	19.29	.012	105.17	.23
DIALYSIS	72	225	18,244.06	81.08	.001	253.39	.08
PATHOLOGY	5,248	8,725	119,264.87	13.67	.039	22.73	.54
RADIOLOGY	6,432	9,892	315,250.73	31.87	.045	49.01	1.42
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	981	4,559	166,469.54	36.51	.021	169.69	.75
OTHER SERVICES/ALL X-OVERS	5,620	19,348	322,530.26	16.67	.087	57.39	1.45
@PHARMACY	54,371	538,999	\$ 8,807,771.18	\$ 16.34	2.425	\$ 161.99	\$ 39.63
PRESCRIPTION DRUGS	53,648	158,157	8,517,135.60	53.85	.712	158.76	38.33
SNF/ICF	2,932	18,618	1,174,296.04	63.07	.084	400.51	5.28
OUTPATIENTS	50,788	139,539	7,342,839.56	52.62	.628	144.58	33.04
MEDICAL SUPPLIES	3,396	380,842	290,635.58	.76	1.714	85.58	1.31
@DENTIST	11,348	65,788	\$ 1,558,194.02	\$ 23.69	.296	\$ 137.31	\$ 7.01
VISITS - DIAGNOSTIC	7,874	48,731	512,973.32	10.53	.219	65.15	2.31
ORAL SURGERY	1,693	3,166	189,157.51	59.75	.014	111.73	.85
DRUGS	218	389	6,840.00	17.58	.002	31.38	.03
ANESTHESIA	88	90	8,900.00	98.89	.000	101.14	.04
PERIODONTICS	647	677	58,195.50	85.96	.003	89.95	.26
ENDODONTICS	669	1,133	148,950.50	131.47	.005	222.65	.67
RESTORATIVE DENTISTRY	3,985	10,095	515,933.80	51.11	.045	129.47	2.32
PROSTHETICS	43	47	1,230.00	26.17	.000	28.60	.01
DENTURES, STAYPLATES	198	531	62,215.96	117.17	.002	314.22	.28
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04

MAXILLOFACIAL SERVICES	76	77	7,526.93	97.75	.000	99.04	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	390	440	34,637.50	78.72	.002	88.81	.16
ALL OTHER SERVICES	208	319	2,475.00	7.76	.001	11.90	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,250
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

222,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,360	3,448	\$ 77,972.39	\$ 22.61	.016	\$ 57.33	\$.35
DIAGNOSTIC AND ANC. PROCED	916	1,066	41,073.92	38.53	.005	44.84	.18
EYE APPLIANCES	846	2,286	34,493.86	15.09	.010	40.77	.16
OTHER OPTOMETRIC SERVICES	64	96	2,404.61	25.05	.000	37.57	.01
@CHIROPRACTOR	657	1,066	\$ 17,746.62	\$ 16.65	.005	\$ 27.01	\$.08
VISITS	647	1,053	17,584.44	16.70	.005	27.18	.08
OTHER SERVICES	10	13	162.18	12.48	.000	16.22	.00
@PODIATRIST	640	772	\$ 15,259.72	\$ 19.77	.003	\$ 23.84	\$.07
MEDICINE/INJECTIONS	304	359	11,116.18	30.96	.002	36.57	.05
SURGERY/ANES.	5	5	823.74	164.75	.000	164.75	.00
RADIO./PATHOLOGY	10	11	185.98	16.91	.000	18.60	.00
OTHER	335	397	3,133.82	7.89	.002	9.35	.01
@HOME HEALTH AGENCY	98	3,592	\$ 124,727.53	\$ 34.72	.016	\$ 1272.73	\$.56
NURSE ANESTHESIST	52	846	\$ 10,726.37	\$ 12.68	.004	\$ 206.28	\$.05
NURSE MIDWIFE	10	15	\$ 2,253.27	\$ 150.22	.000	\$ 225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	9	\$ 261.83	\$ 29.09	.000	\$ 37.40	\$.00
@TOTAL HOSPITAL	15,369	60,594	\$ 10,229,243.40	\$ 168.82	.273	\$ 665.58	\$ 46.03
HOSP INPATIENT TOTAL	1,743	6,858	8,568,484.64	1249.41	.031	4915.94	38.56
HSC HOSPITALS	914	3,938	5,970,443.94	1516.11	.018	6532.21	26.87
NON-HSC HOSPITAL TOTAL	698	2,920	2,463,535.92	843.68	.013	3529.42	11.09
ACCOMMODATIONS	698	2,920	899,559.30	308.07	.013	1288.77	4.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	698	2,920	899,559.30	308.07	.013	1288.77	4.05
ANCILLARIES	697	0	1,563,976.62	.00	.000	2243.87	7.04
INPATIENT CROSSOVERS	143	0	134,504.78	.00	.000	940.59	.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,160	53,736	1,660,758.76	30.91	.242	117.29	7.47
MEDICAL	2,867	4,083	193,093.67	47.29	.018	67.35	.87
SURGERY	1,306	1,625	112,698.15	69.35	.007	86.29	.51
PATHOLOGY	5,057	18,418	207,855.95	11.29	.083	41.10	.94
RADIOLOGY	4,065	5,678	437,000.82	76.96	.026	107.50	1.97
ROOM USE	7,507	9,811	397,289.85	40.49	.044	52.92	1.79
CROSSOVERS/ALL OTH OUTPTNT	5,726	14,121	312,820.32	22.15	.064	54.63	1.41
@COUNTY HOSPITAL TOTAL	70	321	\$ 48,829.16	\$ 152.12	.001	\$ 697.56	\$.22
CO HOSPITAL INPATIENT TOTAL	9	32	39,674.06	1239.81	.000	4408.23	.18
HSC HOSPITALS	9	32	39,674.06	1239.81	.000	4408.23	.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	65	289	9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36	1,351.41	37.54	.000	58.76	.01
SURGERY	9	12	445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93	1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19	1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67	2,791.63	41.67	.000	58.16	.01
CROSSOVERS/ALL OTH OUTPTNT	29	62	1,576.68	25.43	.000	54.37	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						----- MONTHLY AVERAGE -----			
222,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	15,307	60,273	\$ 10,180,414.24	\$ 168.91	.271	\$ 665.08	\$ 45.81		
COMM HOSP INPATIENT TOTAL	1,734	6,826	8,528,810.58	1249.46	.031	4918.58	38.38		
HSC HOSPITALS	905	3,906	5,930,769.88	1518.37	.018	6553.34	26.69		
NON-HSC HOSPITALS TOTAL	698	2,920	2,463,535.92	843.68	.013	3529.42	11.09		
ACCOMMODATIONS	698	2,920	899,559.30	308.07	.013	1288.77	4.05		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	698	2,920	899,559.30	308.07	.013	1288.77	4.05		
ANCILLARIES	697	0	1,563,976.62	.00	.000	2243.87	7.04		
INPATIENT CROSSOVERS	143	0	134,504.78	.00	.000	940.59	.61		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	14,101	53,447	1,651,603.66	30.90	.240	117.13	7.43		
MEDICAL	2,845	4,047	191,742.26	47.38	.018	67.40	.86		
SURGERY	1,297	1,613	112,252.50	69.59	.007	86.55	.51		
PATHOLOGY	5,039	18,325	206,201.41	11.25	.082	40.92	.93		
RADIOLOGY	4,051	5,659	435,665.63	76.99	.025	107.55	1.96		
ROOM USE	7,460	9,744	394,498.22	40.49	.044	52.88	1.78		
CROSSOVERS/ALL OTH OUTPTNT	5,698	14,059	311,243.64	22.14	.063	54.62	1.40		
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.002	\$ 13421.82	\$.72		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	12	366	161,061.78	440.06	.002	13421.82	.72		
@NURSING FACILITY	2,705	84,688	\$ 8,999,279.75	\$ 106.26	.381	\$ 3326.91	\$ 40.49		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	6	204	21,775.93	106.74	.001	3629.32	.10		
LEV B-SUBACUTE FREESTANDING	23	687	229,462.75	334.01	.003	9976.64	1.03		
LEV B-SUBACUTE HSPTL BASED	18	725	358,660.42	494.70	.003	19925.58	1.61		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	2,660	83,072	8,389,380.65	100.99	.374	3153.90	37.75		
@INTERMEDIATE CARE FACIL.-DD	356	10,993	\$ 2,050,551.18	\$ 186.53	.049	\$ 5759.98	\$ 9.23		
ICF DDH	59	1,785	280,228.84	156.99	.008	4749.64	1.26		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	297	9,208	1,770,322.34	192.26	.041	5960.68	7.97		
@HEMODIALYSIS TOTAL	205	2,849	\$ 246,147.30	\$ 86.40	.013	\$ 1200.72	\$ 1.11		
HOSPITAL BASED	2	4	9,889.83	2472.46	.000	4944.92	.04		
HEMODIALYSIS CENTER	203	2,845	236,257.47	83.04	.013	1163.83	1.06		
@REHABILITATION FACILITY	133	471	\$ 15,840.21	\$ 33.63	.002	\$ 119.10	\$.07		
HOSPITAL BASED	131	456	15,710.65	34.45	.002	119.93	.07		
INDEPENDENT FACILITY	2	15	129.56	8.64	.000	64.78	.00		
@LABORATORY FACILITY	6,455	24,826	\$ 329,124.19	\$ 13.26	.112	\$ 50.99	\$ 1.48		
PATHOLOGY	6,409	24,752	325,034.38	13.13	.111	50.72	1.46		
XO AND OTHERS	73	74	4,089.81	55.27	.000	56.02	.02		
@ORGANIZED OUTPATIENT CLINIC	26,026	43,430	\$ 5,990,209.85	\$ 137.93	.195	\$ 230.16	\$ 26.95		
CLINIC	1,506	5,516	148,796.71	26.98	.025	98.80	.67		

SURGICENTER	298	1,258	54,067.80	42.98	.006	181.44	.24
HEROIN DETOX CLINIC	8	90	1,018.98	11.32	.000	127.37	.00
RURAL HEALTH CLINIC	24,705	36,566	5,786,326.36	158.24	.165	234.22	26.04

#CALIF DEPT OF HEALTH SERV MADI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

222,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,449	202,801	\$ 626,564.97	\$ 3.09	.913	\$ 84.11	\$ 2.82
DURABLE MED. EQUIP.	192	880	50,517.93	57.41	.004	263.11	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	52	15,460.74	297.32	.000	468.51	.07
MEDICAL TRANSPORTATION	1,130	24,197	194,570.45	8.04	.109	172.19	.88
AMBULANCES/AIR TRANS	936	14,004	142,034.70	10.14	.063	151.75	.64
OTHER TRANS	187	9,896	31,860.99	3.22	.045	170.38	.14
OTHER SERVICES	41	297	20,674.76	69.61	.001	504.26	.09
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	12	50	3,322.49	66.45	.000	276.87	.01
GENETIC DISEASE TESTING	495	497	52,185.00	105.00	.002	105.42	.23
IHMC,MODEL-NF,NF,AIDS,MSSP	85	449	31,817.15	70.86	.002	374.32	.14
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,674	3,687	37,125.82	10.07	.017	22.18	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	26	57	433.83	7.61	.000	16.69	.00
PROSTHETIST/ORTHOTISTS	62	138	7,487.81	54.26	.001	120.77	.03
PROSTHETICS	62	138	7,487.81	54.26	.001	120.77	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	11	43	1,565.26	36.40	.000	142.30	.01
SPEECH AND AUDIOLOGY	93	212	20,943.95	98.79	.001	225.20	.09
HOSPICE SERVICES	7	116	13,727.51	118.34	.001	1961.07	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,892	19,259	116,652.92	6.06	.087	40.34	.52
EPSDT SUPPLEMENTAL SERVICE	7	1,155	28,850.35	24.98	.005	4121.48	.13
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	919	152,005	51,828.07	.34	.684	56.40	.23
@CALIF. CHILDREN SERVICES*	660	27,603	\$ 1,970,525.72	\$ 71.39	.124	\$ 2985.65	\$ 8.87
@XOVER EXCLUDING STATE HOSP**	3,687	71,530	\$ 740,201.57	\$ 10.35	.322	\$ 200.76	\$ 3.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MADI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,253
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

13,956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,321	34,852	\$ 2,309,606.57	\$ 66.27	2.497	\$ 247.79	\$ 165.49
@PHYSICIANS SERVICES	3,306	7,199	\$ 290,123.57	\$ 40.30	.516	\$ 87.76	\$ 20.79
OUTPATIENT VISITS	2,659	4,009	127,185.86	31.73	.287	47.83	9.11
OFFICE VISITS	2,172	2,788	82,358.97	29.54	.200	37.92	5.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	372	413	23,081.65	55.89	.030	62.05	1.65
PREVENTIVE CARE	5	5	238.00	47.60	.000	47.60	.02
OB VISITS/COMPRE PERI	130	693	18,096.76	26.11	.050	139.21	1.30

OTHER OUTPATIENT	80	110		3,410.48	31.00	.008	42.63	.24
INPATIENT VISITS	253	697		48,407.15	69.45	.050	191.33	3.47
HOSPITAL VISITS	245	555		27,276.41	49.15	.040	111.33	1.95
CRITICAL CARE	11	142		21,130.74	148.81	.010	1920.98	1.51
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	69	76		3,669.98	48.29	.005	53.19	.26
EXAMINATIONS	69	76		3,669.98	48.29	.005	53.19	.26
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	334		55,342.09	165.69	.024	636.12	3.97
PRINCIPAL SURGEON	62	72		47,011.84	652.94	.005	758.26	3.37
ASSISTANT SURGEON	7	7		1,869.37	267.05	.001	267.05	.13
ANESTHESIOLOGIST	35	255		6,460.88	25.34	.018	184.60	.46
OUTPATIENT SURGERY	104	185		12,328.31	66.64	.013	118.54	.88
PRINCIPAL SURGEON	88	104		9,927.84	95.46	.007	112.82	.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	81		2,400.47	29.64	.006	126.34	.17
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	293	447		4,630.17	10.36	.032	15.80	.33
RADIOLOGY	408	589		16,845.72	28.60	.042	41.29	1.21
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	53		1,945.94	36.72	.004	43.24	.14
OTHER SERVICES/ALL X-OVERS	316	809		19,768.35	24.44	.058	62.56	1.42
@PHARMACY	4,422	10,366	\$	358,995.16	\$ 34.63	.743	\$ 81.18	\$ 25.72
PRESCRIPTION DRUGS	4,404	9,991		345,858.93	34.62	.716	78.53	24.78
SNF/ICF	3	9		717.23	79.69	.001	239.08	.05
OUTPATIENTS	4,402	9,982		345,141.70	34.58	.715	78.41	24.73
MEDICAL SUPPLIES	203	375		13,136.23	35.03	.027	64.71	.94
@DENTIST	685	5,886	\$	135,938.55	\$ 23.10	.422	\$ 198.45	\$ 9.74
VISITS - DIAGNOSTIC	494	4,283		47,023.80	10.98	.307	95.19	3.37
ORAL SURGERY	96	247		15,857.50	64.20	.018	165.18	1.14
DRUGS	18	41		755.00	18.41	.003	41.94	.05
ANESTHESIA	11	10		1,000.00	100.00	.001	90.91	.07
PERIODONTICS	8	10		495.00	49.50	.001	61.88	.04
ENDODONTICS	53	130		11,839.00	91.07	.009	223.38	.85
RESTORATIVE DENTISTRY	272	1,069		51,804.85	48.46	.077	190.46	3.71
PROSTHETICS	0	1		30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	8	9		853.00	94.78	.001	106.63	.06
MAXILLOFACIAL SERVICES	4	6		610.40	101.73	.000	152.60	.04
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	40	61		5,445.00	89.26	.004	136.13	.39
ALL OTHER SERVICES	15	19		225.00	11.84	.001	15.00	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,254
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	13,956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	78	196	\$	4,593.98	\$ 23.44	.014	\$ 58.90	\$.33
DIAGNOSTIC AND ANC. PROCED	61	66		2,751.31	41.69	.005	45.10	.20
EYE APPLIANCES	44	130		1,842.67	14.17	.009	41.88	.13
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	14	19	\$	317.68	\$ 16.72	.001	\$ 22.69	\$.02
VISITS	14	19		317.68	16.72	.001	22.69	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	7	\$	259.51	\$ 37.07	.001	\$ 37.07	\$.02

MEDICINE/INJECTIONS	7	7		259.51	37.07	.001	37.07	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	126	\$	4,148.28	\$ 32.92	.009	\$ 691.38	\$.30
NURSE ANESTHESIST	1	15	\$	148.99	\$ 9.93	.001	\$ 148.99	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	10	\$	270.34	\$ 27.03	.001	\$ 30.04	\$.02
@TOTAL HOSPITAL	1,149	4,436	\$	1,025,417.38	\$ 231.16	.318	\$ 892.44	\$ 73.48
HOSP INPATIENT TOTAL	131	563		915,822.06	1626.68	.040	6991.01	65.62
HSC HOSPITALS	113	485		849,739.36	1752.04	.035	7519.82	60.89
NON-HSC HOSPITAL TOTAL	19	78		66,082.70	847.21	.006	3478.04	4.74
ACCOMMODATIONS	19	78		22,776.87	292.01	.006	1198.78	1.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	78		22,776.87	292.01	.006	1198.78	1.63
ANCILLARIES	19	0		43,305.83	.00	.000	2279.25	3.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,052	3,873		109,595.32	28.30	.278	104.18	7.85
MEDICAL	234	391		20,409.73	52.20	.028	87.22	1.46
SURGERY	93	128		5,847.44	45.68	.009	62.88	.42
PATHOLOGY	413	1,445		14,806.69	10.25	.104	35.85	1.06
RADIOLOGY	261	330		21,974.97	66.59	.024	84.20	1.57
ROOM USE	636	808		32,165.22	39.81	.058	50.57	2.30
CROSSOVERS/ALL OTH OUTPTNT	370	771		14,391.27	18.67	.055	38.90	1.03
@COUNTY HOSPITAL TOTAL	11	52	\$	2,880.21	\$ 55.39	.004	\$ 261.84	\$.21
CO HOSPITAL INPATIENT TOTAL	1	1		1,350.01	1350.01	.000	1350.01	.10
HSC HOSPITALS	1	1		1,350.01	1350.01	.000	1350.01	.10
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	51	1,530.20	30.00	.004	139.11	.11
MEDICAL	5	7	415.19	59.31	.001	83.04	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	17	252.26	14.84	.001	42.04	.02
RADIOLOGY	3	4	127.00	31.75	.000	42.33	.01
ROOM USE	9	13	508.90	39.15	.001	56.54	.04
CROSSOVERS/ALL OTH OUTPTNT	7	10	226.85	22.69	.001	32.41	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,255
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

13,956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,140	4,384	\$ 1,022,537.17	\$ 233.24	.314	\$ 896.96	\$ 73.27
COMM HOSP INPATIENT TOTAL	130	562	914,472.05	1627.17	.040	7034.40	65.53
HSC HOSPITALS	112	484	848,389.35	1752.87	.035	7574.90	60.79
NON-HSC HOSPITALS TOTAL	19	78	66,082.70	847.21	.006	3478.04	4.74
ACCOMMODATIONS	19	78	22,776.87	292.01	.006	1198.78	1.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	78	22,776.87	292.01	.006	1198.78	1.63
ANCILLARIES	19	0	43,305.83	.00	.000	2279.25	3.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,043	3,822	108,065.12	28.27	.274	103.61	7.74
MEDICAL	230	384	19,994.54	52.07	.028	86.93	1.43
SURGERY	93	128	5,847.44	45.68	.009	62.88	.42
PATHOLOGY	407	1,428	14,554.43	10.19	.102	35.76	1.04
RADIOLOGY	258	326	21,847.97	67.02	.023	84.68	1.57
ROOM USE	628	795	31,656.32	39.82	.057	50.41	2.27
CROSSOVERS/ALL OTH OUTPTNT	364	761	14,164.42	18.61	.055	38.91	1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	\$ 15,697.50	\$ 523.25	.002	\$ 15697.50	\$ 1.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	30	15,697.50	523.25	.002	15697.50	1.12
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	16	\$ 6,793.28	\$ 424.58	.001	\$ 6793.28	\$.49
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	16	6,793.28	424.58	.001	6793.28	.49
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	28	\$ 1,558.37	\$ 55.66	.002	\$ 91.67	\$.11
HOSPITAL BASED	17	28	1,558.37	55.66	.002	91.67	.11

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	337	1,060	\$ 14,060.75	\$ 13.26	.076	\$ 41.72	\$ 1.01
PATHOLOGY	337	1,060	14,060.75	13.26	.076	41.72	1.01
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,417	3,371	\$ 422,515.68	\$ 125.34	.242	\$ 174.81	\$ 30.27
CLINIC	72	316	6,988.71	22.12	.023	97.07	.50
SURGICENTER	7	32	1,169.40	36.54	.002	167.06	.08
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,348	3,023	414,357.57	137.07	.217	176.47	29.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,256
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

13,956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	310	2,087	\$ 28,767.55	\$ 13.78	.150	\$ 92.80	\$ 2.06
DURABLE MED. EQUIP.	6	6	1,426.82	237.80	.000	237.80	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	73	1,291	17,620.15	13.65	.093	241.37	1.26
AMBULANCES/AIR TRANS	73	1,289	14,020.15	10.88	.092	192.06	1.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	118	257	3,748.08	14.58	.018	31.76	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	84	303	3,485.31	11.50	.022	41.49	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.015	19.69	.01
@CALIF. CHILDREN SERVICES*	99	3,456	\$ 536,950.80	\$ 155.37	.248	\$ 5423.75	\$ 38.47
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,257
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	238	2,012	\$ 272,778.53	\$ 135.58	18.291	\$ 1146.13	\$ 2479.80
@PHYSICIANS SERVICES	127	581	\$ 34,807.71	\$ 59.91	5.282	\$ 274.08	\$ 316.43

OUTPATIENT VISITS	55	70	3,960.19	56.57	.636	72.00	36.00
OFFICE VISITS	10	12	341.74	28.48	.109	34.17	3.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	42	3,118.57	74.25	.382	86.63	28.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	16	499.88	31.24	.145	49.99	4.54
INPATIENT VISITS	24	151	10,571.58	70.01	1.373	440.48	96.11
HOSPITAL VISITS	23	129	7,246.70	56.18	1.173	315.07	65.88
CRITICAL CARE	3	22	3,324.88	151.13	.200	1108.29	30.23
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	109	10,322.13	94.70	.991	382.30	93.84
PRINCIPAL SURGEON	17	28	8,250.52	294.66	.255	485.32	75.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	81	2,071.61	25.58	.736	172.63	18.83
OUTPATIENT SURGERY	15	27	2,001.05	74.11	.245	133.40	18.19
PRINCIPAL SURGEON	11	11	1,536.47	139.68	.100	139.68	13.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	16	464.58	29.04	.145	92.92	4.22
DIALYSIS	2	17	1,226.72	72.16	.155	613.36	11.15
PATHOLOGY	9	39	1,279.29	32.80	.355	142.14	11.63
RADIOLOGY	40	124	3,262.60	26.31	1.127	81.57	29.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	44	2,184.15	49.64	.400	91.01	19.86
@PHARMACY	38	149	\$ 7,954.67	\$ 53.39	1.355	\$ 209.33	\$ 72.32
PRESCRIPTION DRUGS	35	121	7,696.40	63.61	1.100	219.90	69.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	35	121	7,696.40	63.61	1.100	219.90	69.97
MEDICAL SUPPLIES	8	28	258.27	9.22	.255	32.28	2.35
@DENTIST	25	160	\$ 1,840.00	\$ 11.50	1.455	\$ 73.60	\$ 16.73
VISITS - DIAGNOSTIC	17	121	723.00	5.98	1.100	42.53	6.57
ORAL SURGERY	1	2	.00	.00	.018	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.018	86.50	1.57
ENDODONTICS	3	4	112.00	28.00	.036	37.33	1.02
RESTORATIVE DENTISTRY	13	31	832.00	26.84	.282	64.00	7.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,258
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC						AID CODE 83

EYE APPLIANCES	1	3		42.85	14.28	.027	42.85	.39
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	38	\$	468.57	12.33	.345	468.57	4.26
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	80	535	\$	208,165.52	389.09	4.864	2602.07	1892.41
HOSP INPATIENT TOTAL	27	127		195,191.81	1536.94	1.155	7229.33	1774.47
HSC HOSPITALS	24	120		189,311.00	1577.59	1.091	7887.96	1721.01
NON-HSC HOSPITAL TOTAL	3	7		5,880.81	840.12	.064	1960.27	53.46
ACCOMMODATIONS	3	7		1,396.98	199.57	.064	465.66	12.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7		1,396.98	199.57	.064	465.66	12.70
ANCILLARIES	3	0		4,483.83	.00	.000	1494.61	40.76
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	408		12,973.71	31.80	3.709	219.89	117.94
MEDICAL	21	37		1,024.16	27.68	.336	48.77	9.31
SURGERY	10	12		1,004.56	83.71	.109	100.46	9.13
PATHOLOGY	25	122		1,328.72	10.89	1.109	53.15	12.08
RADIOLOGY	21	43		4,752.53	110.52	.391	226.31	43.20
ROOM USE	44	64		2,951.73	46.12	.582	67.08	26.83
CROSSOVERS/ALL OTH OUTPTNT	38	130		1,912.01	14.71	1.182	50.32	17.38
@COUNTY HOSPITAL TOTAL	3	9	\$	1,412.03	156.89	.082	470.68	12.84
CO HOSPITAL INPATIENT TOTAL	1	1		1,350.00	1350.00	.009	1350.00	12.27
HSC HOSPITALS	1	1		1,350.00	1350.00	.009	1350.00	12.27
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8		62.03	7.75	.073	31.02	.56
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		24.73	4.95	.045	12.37	.22
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		18.17	18.17	.009	18.17	.17
CROSSOVERS/ALL OTH OUTPTNT	1	2		19.13	9.57	.018	19.13	.17

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MADERA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

110 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	526	\$	206,753.49	\$ 393.07	4.782	\$ 2650.69	\$ 1879.58
COMM HOSP INPATIENT TOTAL	26	126		193,841.81	1538.43	1.145	7455.45	1762.20
HSC HOSPITALS	23	119		187,961.00	1579.50	1.082	8172.22	1708.74
NON-HSC HOSPITALS TOTAL	3	7		5,880.81	840.12	.064	1960.27	53.46
ACCOMMODATIONS	3	7		1,396.98	199.57	.064	465.66	12.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7		1,396.98	199.57	.064	465.66	12.70
ANCILLARIES	3	0		4,483.83	.00	.000	1494.61	40.76
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	58	400		12,911.68	32.28	3.636	222.62	117.38
MEDICAL	21	37		1,024.16	27.68	.336	48.77	9.31
SURGERY	10	12		1,004.56	83.71	.109	100.46	9.13
PATHOLOGY	24	117		1,303.99	11.15	1.064	54.33	11.85
RADIOLOGY	21	43		4,752.53	110.52	.391	226.31	43.20
ROOM USE	44	63		2,933.56	46.56	.573	66.67	26.67
CROSSOVERS/ALL OTH OUTPTNT	38	128		1,892.88	14.79	1.164	49.81	17.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	21	\$	708.71	\$	33.75	\$	88.59
PATHOLOGY	8	21		708.71		33.75		88.59
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	52	\$	8,422.57	\$	161.97	\$	271.70
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	52		8,422.57		161.97		271.70
#CALIF DEPT OF HEALTH SERV								
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MADERA COUNTY	FEE-FOR-SERVICE/DENTAL							03/14/05
	SUMMARY OF SERVICES FOR MIC - SOC							AID CODE 83

	110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	472	\$	10,320.48	\$ 21.87	4.291	\$ 543.18	\$ 93.82
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	468		10,274.82	21.95	4.255	604.40	93.41
AMBULANCES/AIR TRANS	17	466		6,674.82	14.32	4.236	392.64	60.68
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.018	1800.00	32.73
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		24.86	12.43	.018	24.86	.23
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2		20.80	10.40	.018	20.80	.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	30	625	\$	168,195.42	\$ 269.11	5.682	\$ 5606.51	\$ 1529.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,261
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MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

14,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,559	36,864	\$ 2,582,385.10	\$ 70.05	2.621	\$ 270.15	\$ 183.59
@PHYSICIANS SERVICES	3,433	7,780	\$ 324,931.28	\$ 41.76	.553	\$ 94.65	\$ 23.10
OUTPATIENT VISITS	2,714	4,079	131,146.05	32.15	.290	48.32	9.32
OFFICE VISITS	2,182	2,800	82,700.71	29.54	.199	37.90	5.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	408	455	26,200.22	57.58	.032	64.22	1.86
PREVENTIVE CARE	5	5	238.00	47.60	.000	47.60	.02
OB VISITS/COMPRE PERI	130	693	18,096.76	26.11	.049	139.21	1.29
OTHER OUTPATIENT	90	126	3,910.36	31.03	.009	43.45	.28
INPATIENT VISITS	277	848	58,978.73	69.55	.060	212.92	4.19
HOSPITAL VISITS	268	684	34,523.11	50.47	.049	128.82	2.45
CRITICAL CARE	14	164	24,455.62	149.12	.012	1746.83	1.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	69	76	3,669.98	48.29	.005	53.19	.26
EXAMINATIONS	69	76	3,669.98	48.29	.005	53.19	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	114	443	65,664.22	148.23	.031	576.00	4.67
PRINCIPAL SURGEON	79	100	55,262.36	552.62	.007	699.52	3.93
ASSISTANT SURGEON	7	7	1,869.37	267.05	.000	267.05	.13
ANESTHESIOLOGIST	47	336	8,532.49	25.39	.024	181.54	.61
OUTPATIENT SURGERY	119	212	14,329.36	67.59	.015	120.41	1.02
PRINCIPAL SURGEON	99	115	11,464.31	99.69	.008	115.80	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	24	97	2,865.05	29.54	.007	119.38	.20
DIALYSIS	2	17	1,226.72	72.16	.001	613.36	.09
PATHOLOGY	302	486	5,909.46	12.16	.035	19.57	.42
RADIOLOGY	448	713	20,108.32	28.20	.051	44.88	1.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	53	1,945.94	36.72	.004	43.24	.14
OTHER SERVICES/ALL X-OVERS	340	853	21,952.50	25.74	.061	64.57	1.56
@PHARMACY	4,460	10,515	\$ 366,949.83	\$ 34.90	.748	\$ 82.28	\$ 26.09
PRESCRIPTION DRUGS	4,439	10,112	353,555.33	34.96	.719	79.65	25.14
SNF/ICF	3	9	717.23	79.69	.001	239.08	.05
OUTPATIENTS	4,437	10,103	352,838.10	34.92	.718	79.52	25.08
MEDICAL SUPPLIES	211	403	13,394.50	33.24	.029	63.48	.95
@DENTIST	710	6,046	\$ 137,778.55	\$ 22.79	.430	\$ 194.05	\$ 9.80
VISITS - DIAGNOSTIC	511	4,404	47,746.80	10.84	.313	93.44	3.39
ORAL SURGERY	97	249	15,857.50	63.68	.018	163.48	1.13
DRUGS	18	41	755.00	18.41	.003	41.94	.05
ANESTHESIA	11	10	1,000.00	100.00	.001	90.91	.07
PERIODONTICS	10	12	668.00	55.67	.001	66.80	.05
ENDODONTICS	56	134	11,951.00	89.19	.010	213.41	.85
RESTORATIVE DENTISTRY	285	1,100	52,636.85	47.85	.078	184.69	3.74
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	8	9	853.00	94.78	.001	106.63	.06
MAXILLOFACIAL SERVICES	4	6	610.40	101.73	.000	152.60	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	40	61	5,445.00	89.26	.004	136.13	.39
ALL OTHER SERVICES	15	19	225.00	11.84	.001	15.00	.02

MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

14,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	80	200	\$ 4,684.28	\$ 23.42	.014	\$ 58.55	\$.33
DIAGNOSTIC AND ANC. PROCED	62	67	2,798.76	41.77	.005	45.14	.20
EYE APPLIANCES	45	133	1,885.52	14.18	.009	41.90	.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	14	19	\$ 317.68	\$ 16.72	.001	\$ 22.69	\$.02
VISITS	14	19	317.68	16.72	.001	22.69	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	7	\$ 259.51	\$ 37.07	.000	\$ 37.07	\$.02
MEDICINE/INJECTIONS	7	7	259.51	37.07	.000	37.07	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	126	\$ 4,148.28	\$ 32.92	.009	\$ 691.38	\$.29
NURSE ANESTHESIST	2	53	617.56	11.65	.004	308.78	.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	10	\$ 270.34	\$ 27.03	.001	\$ 30.04	\$.02
@TOTAL HOSPITAL	1,229	4,971	\$ 1,233,582.90	\$ 248.16	.353	\$ 1003.73	\$ 87.70
HOSP INPATIENT TOTAL	158	690	1,111,013.87	1610.17	.049	7031.73	78.99
HSC HOSPITALS	137	605	1,039,050.36	1717.44	.043	7584.31	73.87
NON-HSC HOSPITAL TOTAL	22	85	71,963.51	846.63	.006	3271.07	5.12
ACCOMMODATIONS	22	85	24,173.85	284.40	.006	1098.81	1.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	85	24,173.85	284.40	.006	1098.81	1.72
ANCILLARIES	22	0	47,789.66	.00	.000	2172.26	3.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,111	4,281	122,569.03	28.63	.304	110.32	8.71
MEDICAL	255	428	21,433.89	50.08	.030	84.05	1.52
SURGERY	103	140	6,852.00	48.94	.010	66.52	.49
PATHOLOGY	438	1,567	16,135.41	10.30	.111	36.84	1.15
RADIOLOGY	282	373	26,727.50	71.66	.027	94.78	1.90
ROOM USE	680	872	35,116.95	40.27	.062	51.64	2.50
CROSSOVERS/ALL OTH OUTPTNT	408	901	16,303.28	18.09	.064	39.96	1.16
@COUNTY HOSPITAL TOTAL	14	61	\$ 4,292.24	\$ 70.36	.004	\$ 306.59	\$.31
CO HOSPITAL INPATIENT TOTAL	2	2	2,700.01	1350.01	.000	1350.01	.19
HSC HOSPITALS	2	2	2,700.01	1350.01	.000	1350.01	.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	59	1,592.23	26.99	.004	122.48	.11
MEDICAL	5	7	415.19	59.31	.000	83.04	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	22	276.99	12.59	.002	34.62	.02
RADIOLOGY	3	4	127.00	31.75	.000	42.33	.01
ROOM USE	10	14	527.07	37.65	.001	52.71	.04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
14,066 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,218	4,910	\$ 1,229,290.66	\$ 250.36	.349	\$ 1009.27	\$ 87.39
COMM HOSP INPATIENT TOTAL	156	688	1,108,313.86	1610.92	.049	7104.58	78.79
HSC HOSPITALS	135	603	1,036,350.35	1718.66	.043	7676.67	73.68
NON-HSC HOSPITALS TOTAL	22	85	71,963.51	846.63	.006	3271.07	5.12
ACCOMMODATIONS	22	85	24,173.85	284.40	.006	1098.81	1.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	85	24,173.85	284.40	.006	1098.81	1.72
ANCILLARIES	22	0	47,789.66	.00	.000	2172.26	3.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,101	4,222	120,976.80	28.65	.300	109.88	8.60
MEDICAL	251	421	21,018.70	49.93	.030	83.74	1.49
SURGERY	103	140	6,852.00	48.94	.010	66.52	.49
PATHOLOGY	431	1,545	15,858.42	10.26	.110	36.79	1.13
RADIOLOGY	279	369	26,600.50	72.09	.026	95.34	1.89
ROOM USE	672	858	34,589.88	40.31	.061	51.47	2.46
CROSSOVERS/ALL OTH OUTPTNT	402	889	16,057.30	18.06	.063	39.94	1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	\$ 15,697.50	\$ 523.25	.002	\$ 15697.50	\$ 1.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	30	15,697.50	523.25	.002	15697.50	1.12
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	16	\$ 6,793.28	\$ 424.58	.001	\$ 6793.28	\$.48
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	16	6,793.28	424.58	.001	6793.28	.48
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	28	\$ 1,558.37	\$ 55.66	.002	\$ 91.67	\$.11
HOSPITAL BASED	17	28	1,558.37	55.66	.002	91.67	.11
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	345	1,081	\$ 14,769.46	\$ 13.66	.077	\$ 42.81	\$ 1.05
PATHOLOGY	345	1,081	14,769.46	13.66	.077	42.81	1.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,448	3,423	\$ 430,938.25	\$ 125.89	.243	\$ 176.04	\$ 30.64
CLINIC	72	316	6,988.71	22.12	.022	97.07	.50
SURGICENTER	7	32	1,169.40	36.54	.002	167.06	.08
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,379	3,075	422,780.14	137.49	.219	177.71	30.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,264
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

14,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	329	2,559	\$ 39,088.03	\$ 15.27	.182	\$ 118.81	\$ 2.78
DURABLE MED. EQUIP.	6	6	1,426.82	237.80	.000	237.80	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	90	1,759	27,894.97	15.86	.125	309.94	1.98
AMBULANCES/AIR TRANS	90	1,755	20,694.97	11.79	.125	229.94	1.47
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	259	3,772.94	14.57	.018	31.71	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	85	305	3,506.11	11.50	.022	41.25	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.015	19.69	.01
@CALIF. CHILDREN SERVICES*	129	4,081	\$ 705,146.22	\$ 172.79	.290	\$ 5466.25	\$ 50.13

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,265
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,266
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,267
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,268
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,269
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	473	2,927	\$ 301,254.28	\$ 102.92	10.306	\$ 636.90	\$ 1060.75
@PHYSICIANS SERVICES	278	1,234	\$ 77,448.92	\$ 62.76	4.345	\$ 278.59	\$ 272.71
OUTPATIENT VISITS	159	692	21,807.03	31.51	2.437	137.15	76.79
OFFICE VISITS	29	32	1,353.05	42.28	.113	46.66	4.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	23	1,588.47	69.06	.081	75.64	5.59
PREVENTIVE CARE	1	1	68.73	68.73	.004	68.73	.24
OB VISITS/COMPRE PERI	129	636	18,796.78	29.55	2.239	145.71	66.19

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	36	81	4,430.10	54.69	.285	123.06	15.60
HOSPITAL VISITS	34	64	2,683.94	41.94	.225	78.94	9.45
CRITICAL CARE	2	17	1,746.16	102.72	.060	873.08	6.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.007	38.50	.27
EXAMINATIONS	2	2	77.00	38.50	.007	38.50	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	174	39,956.04	229.63	.613	570.80	140.69
PRINCIPAL SURGEON	52	67	35,287.46	526.68	.236	678.61	124.25
ASSISTANT SURGEON	10	10	1,865.00	186.50	.035	186.50	6.57
ANESTHESIOLOGIST	16	97	2,803.58	28.90	.342	175.22	9.87
OUTPATIENT SURGERY	15	22	1,883.40	85.61	.077	125.56	6.63
PRINCIPAL SURGEON	15	19	1,793.82	94.41	.067	119.59	6.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	89.58	29.86	.011	29.86	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	71	126	1,862.77	14.78	.444	26.24	6.56
RADIOLOGY	74	87	4,747.55	54.57	.306	64.16	16.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	13	463.91	35.69	.046	51.55	1.63
OTHER SERVICES/ALL X-OVERS	27	37	2,221.12	60.03	.130	82.26	7.82
@PHARMACY	166	354	\$ 17,678.23	\$ 49.94	1.246	\$ 106.50	\$ 62.25
PRESCRIPTION DRUGS	162	326	15,866.89	48.67	1.148	97.94	55.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	162	326	15,866.89	48.67	1.148	97.94	55.87
MEDICAL SUPPLIES	12	28	1,811.34	64.69	.099	150.95	6.38
@DENTIST	17	83	\$ 2,740.00	\$ 33.01	.292	\$ 161.18	\$ 9.65
VISITS - DIAGNOSTIC	15	54	859.00	15.91	.190	57.27	3.02
ORAL SURGERY	3	4	215.00	53.75	.014	71.67	.76
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	666.00	166.50	.014	222.00	2.35
RESTORATIVE DENTISTRY	7	20	970.00	48.50	.070	138.57	3.42
PROSTHETICS	1	1	30.00	30.00	.004	30.00	.11
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,270
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	13	\$ 310.34	\$ 23.87	.046	\$ 62.07	\$ 1.09	
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.014	45.45	.64	
EYE APPLIANCES	3	9	128.55	14.28	.032	42.85	.45	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.011	\$ 25.08	\$.18	
VISITS	2	3	50.16	16.72	.011	25.08	.18	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	3	\$ 115.50	\$ 38.50	.011	\$ 38.50	\$.41	
MEDICINE/INJECTIONS	3	3	115.50	38.50	.011	38.50	.41	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	198	641	\$ 152,286.42	\$ 237.58	2.257	\$ 769.12	\$ 536.22	
HOSP INPATIENT TOTAL	40	141	139,288.62	987.86	.496	3482.22	490.45	
HSC HOSPITALS	25	73	100,280.33	1373.70	.257	4011.21	353.10	
NON-HSC HOSPITAL TOTAL	15	68	39,008.29	573.65	.239	2600.55	137.35	
ACCOMMODATIONS	15	68	19,274.43	283.45	.239	1284.96	67.87	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	15	68	19,274.43	283.45	.239	1284.96	67.87	
ANCILLARIES	15	0	19,733.86	.00	.000	1315.59	69.49	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	169	500	12,997.80	26.00	1.761	76.91	45.77	
MEDICAL	9	11	727.00	66.09	.039	80.78	2.56	
SURGERY	8	14	354.41	25.32	.049	44.30	1.25	
PATHOLOGY	93	241	2,986.99	12.39	.849	32.12	10.52	
RADIOLOGY	33	41	3,091.20	75.40	.144	93.67	10.88	
ROOM USE	59	93	3,735.23	40.16	.327	63.31	13.15	
CROSSOVERS/ALL OTH OUTPTNT	55	100	2,102.97	21.03	.352	38.24	7.40	
@COUNTY HOSPITAL TOTAL	1	15	\$ 435.41	\$ 29.03	.053	\$ 435.41	\$ 1.53	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15	435.41	29.03	.053	435.41	1.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	6.28	6.28	.004	6.28	.02
PATHOLOGY	1	6	129.02	21.50	.021	129.02	.45
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.014	263.13	.93
CROSSOVERS/ALL OTH OUTPTNT	1	4	36.98	9.25	.014	36.98	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,271
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	626	\$ 151,851.01	\$ 242.57	2.204	\$ 770.82	\$ 534.69
COMM HOSP INPATIENT TOTAL	40	141	139,288.62	987.86	.496	3482.22	490.45
HSC HOSPITALS	25	73	100,280.33	1373.70	.257	4011.21	353.10
NON-HSC HOSPITALS TOTAL	15	68	39,008.29	573.65	.239	2600.55	137.35
ACCOMMODATIONS	15	68	19,274.43	283.45	.239	1284.96	67.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	68	19,274.43	283.45	.239	1284.96	67.87
ANCILLARIES	15	0	19,733.86	.00	.000	1315.59	69.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	485	12,562.39	25.90	1.708	74.78	44.23
MEDICAL	9	11	727.00	66.09	.039	80.78	2.56
SURGERY	7	13	348.13	26.78	.046	49.73	1.23
PATHOLOGY	92	235	2,857.97	12.16	.827	31.06	10.06
RADIOLOGY	33	41	3,091.20	75.40	.144	93.67	10.88
ROOM USE	58	89	3,472.10	39.01	.313	59.86	12.23
CROSSOVERS/ALL OTH OUTPTNT	54	96	2,065.99	21.52	.338	38.26	7.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	74	210	\$	3,911.79	\$ 18.63	.739	\$ 52.86	\$ 13.77
PATHOLOGY	74	208		3,792.79	18.23	.732	51.25	13.35
XO AND OTHERS	2	2		119.00	59.50	.007	59.50	.42
@ORGANIZED OUTPATIENT CLINIC	106	306	\$	43,649.69	\$ 142.65	1.077	\$ 411.79	\$ 153.70
CLINIC	22	97		2,449.01	25.25	.342	111.32	8.62
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	87	209		41,200.68	197.13	.736	473.57	145.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,272
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	80	\$ 3,063.23	\$ 38.29	.282	\$ 92.83	\$ 10.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	47	646.06	13.75	.165	107.68	2.27
AMBULANCES/AIR TRANS	6	47	646.06	13.75	.165	107.68	2.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.074	105.00	7.76
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	115.67	10.52	.039	23.13	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.004	96.50	.34
PROSTHETICS	1	1	96.50	96.50	.004	96.50	.34
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	307	\$ 9,450.00	\$ 30.78	1.081	\$ 9450.00	\$ 33.27
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,273
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	473	2,927	\$ 301,254.28	\$ 102.92	10.306	\$ 636.90	\$ 1060.75
@PHYSICIANS SERVICES	278	1,234	\$ 77,448.92	\$ 62.76	4.345	\$ 278.59	\$ 272.71

OUTPATIENT VISITS	159	692		21,807.03	31.51	2.437	137.15	76.79
OFFICE VISITS	29	32		1,353.05	42.28	.113	46.66	4.76
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	21	23		1,588.47	69.06	.081	75.64	5.59
PREVENTIVE CARE	1	1		68.73	68.73	.004	68.73	.24
OB VISITS/COMPRE PERI	129	636		18,796.78	29.55	2.239	145.71	66.19
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	36	81		4,430.10	54.69	.285	123.06	15.60
HOSPITAL VISITS	34	64		2,683.94	41.94	.225	78.94	9.45
CRITICAL CARE	2	17		1,746.16	102.72	.060	873.08	6.15
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		77.00	38.50	.007	38.50	.27
EXAMINATIONS	2	2		77.00	38.50	.007	38.50	.27
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	174		39,956.04	229.63	.613	570.80	140.69
PRINCIPAL SURGEON	52	67		35,287.46	526.68	.236	678.61	124.25
ASSISTANT SURGEON	10	10		1,865.00	186.50	.035	186.50	6.57
ANESTHESIOLOGIST	16	97		2,803.58	28.90	.342	175.22	9.87
OUTPATIENT SURGERY	15	22		1,883.40	85.61	.077	125.56	6.63
PRINCIPAL SURGEON	15	19		1,793.82	94.41	.067	119.59	6.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3		89.58	29.86	.011	29.86	.32
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	71	126		1,862.77	14.78	.444	26.24	6.56
RADIOLOGY	74	87		4,747.55	54.57	.306	64.16	16.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	13		463.91	35.69	.046	51.55	1.63
OTHER SERVICES/ALL X-OVERS	27	37		2,221.12	60.03	.130	82.26	7.82
@PHARMACY	166	354	\$	17,678.23	\$ 49.94	1.246	\$ 106.50	\$ 62.25
PRESCRIPTION DRUGS	162	326		15,866.89	48.67	1.148	97.94	55.87
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	162	326		15,866.89	48.67	1.148	97.94	55.87
MEDICAL SUPPLIES	12	28		1,811.34	64.69	.099	150.95	6.38
@DENTIST	17	83	\$	2,740.00	\$ 33.01	.292	\$ 161.18	\$ 9.65
VISITS - DIAGNOSTIC	15	54		859.00	15.91	.190	57.27	3.02
ORAL SURGERY	3	4		215.00	53.75	.014	71.67	.76
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	4		666.00	166.50	.014	222.00	2.35
RESTORATIVE DENTISTRY	7	20		970.00	48.50	.070	138.57	3.42
PROSTHETICS	1	1		30.00	30.00	.004	30.00	.11
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,274
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
284 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	5	13	\$ 310.34	\$ 23.87	.046	\$ 62.07	\$ 1.09		
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.014	45.45	.64		

EYE APPLIANCES	3	9		128.55		14.28	.032	42.85	.45
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.011	\$ 25.08	\$.18
VISITS	2	3		50.16		16.72	.011	25.08	.18
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	3	3	\$	115.50	\$	38.50	.011	\$ 38.50	\$.41
MEDICINE/INJECTIONS	3	3		115.50		38.50	.011	38.50	.41
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	198	641	\$	152,286.42	\$	237.58	2.257	\$ 769.12	\$ 536.22
HOSP INPATIENT TOTAL	40	141		139,288.62		987.86	.496	3482.22	490.45
HSC HOSPITALS	25	73		100,280.33		1373.70	.257	4011.21	353.10
NON-HSC HOSPITAL TOTAL	15	68		39,008.29		573.65	.239	2600.55	137.35
ACCOMMODATIONS	15	68		19,274.43		283.45	.239	1284.96	67.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	15	68		19,274.43		283.45	.239	1284.96	67.87
ANCILLARIES	15	0		19,733.86		.00	.000	1315.59	69.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	169	500		12,997.80		26.00	1.761	76.91	45.77
MEDICAL	9	11		727.00		66.09	.039	80.78	2.56
SURGERY	8	14		354.41		25.32	.049	44.30	1.25
PATHOLOGY	93	241		2,986.99		12.39	.849	32.12	10.52
RADIOLOGY	33	41		3,091.20		75.40	.144	93.67	10.88
ROOM USE	59	93		3,735.23		40.16	.327	63.31	13.15

CROSSOVERS/ALL OTH OUTPTNT	55	100		2,102.97	21.03	.352	38.24	7.40
@COUNTY HOSPITAL TOTAL	1	15	\$	435.41	\$ 29.03	.053	\$ 435.41	\$ 1.53
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15		435.41	29.03	.053	435.41	1.53
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		6.28	6.28	.004	6.28	.02
PATHOLOGY	1	6		129.02	21.50	.021	129.02	.45
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	4		263.13	65.78	.014	263.13	.93
CROSSOVERS/ALL OTH OUTPTNT	1	4		36.98	9.25	.014	36.98	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,275
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197		626	\$ 151,851.01	\$ 242.57	2.204	\$ 770.82	\$ 534.69
COMM HOSP INPATIENT TOTAL	40		141	139,288.62	987.86	.496	3482.22	490.45
HSC HOSPITALS	25		73	100,280.33	1373.70	.257	4011.21	353.10
NON-HSC HOSPITALS TOTAL	15		68	39,008.29	573.65	.239	2600.55	137.35
ACCOMMODATIONS	15		68	19,274.43	283.45	.239	1284.96	67.87
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15		68	19,274.43	283.45	.239	1284.96	67.87
ANCILLARIES	15		0	19,733.86	.00	.000	1315.59	69.49
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168		485	12,562.39	25.90	1.708	74.78	44.23
MEDICAL	9		11	727.00	66.09	.039	80.78	2.56
SURGERY	7		13	348.13	26.78	.046	49.73	1.23
PATHOLOGY	92		235	2,857.97	12.16	.827	31.06	10.06
RADIOLOGY	33		41	3,091.20	75.40	.144	93.67	10.88
ROOM USE	58		89	3,472.10	39.01	.313	59.86	12.23
CROSSOVERS/ALL OTH OUTPTNT	54		96	2,065.99	21.52	.338	38.26	7.27
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	74	210	\$	3,911.79	\$	18.63	.739	\$ 52.86	\$ 13.77
PATHOLOGY	74	208		3,792.79		18.23	.732	51.25	13.35
XO AND OTHERS	2	2		119.00		59.50	.007	59.50	.42
@ORGANIZED OUTPATIENT CLINIC	106	306	\$	43,649.69	\$	142.65	1.077	\$ 411.79	\$ 153.70
CLINIC	22	97		2,449.01		25.25	.342	111.32	8.62
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	87	209		41,200.68		197.13	.736	473.57	145.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,276
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33		80	\$ 3,063.23	\$ 38.29	.282	\$ 92.83	\$ 10.79
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6		47	646.06	13.75	.165	107.68	2.27
AMBULANCES/AIR TRANS	6		47	646.06	13.75	.165	107.68	2.27
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21		21	2,205.00	105.00	.074	105.00	7.76
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	5		11	115.67	10.52	.039	23.13	.41
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		1	96.50	96.50	.004	96.50	.34
PROSTHETICS	1		1	96.50	96.50	.004	96.50	.34
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1		307	\$ 9,450.00	\$ 30.78	1.081	\$ 9450.00	\$ 33.27
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,277
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	60	3,917	\$ 248,171.38	\$ 63.36	78.340		\$ 4136.19	\$ 4963.43
@PHYSICIANS SERVICES	18	47	\$ 1,533.23	\$ 32.62	.940		\$ 85.18	\$ 30.66
OUTPATIENT VISITS	4	4	289.38	72.35	.080		72.35	5.79
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	4	4	289.38	72.35	.080		72.35	5.79
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	12	29	893.14	30.80	.580		74.43	17.86
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.580		74.43	17.86
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	4	6.18	1.55	.080		6.18	.12
RADIOLOGY	6	7	272.09	38.87	.140		45.35	5.44
PSYCHIATRY	1	1	23.22	23.22	.020		23.22	.46
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	49.22	24.61	.040		24.61	.98
@PHARMACY	30	1,957	\$ 41,940.79	\$ 21.43	39.140		\$ 1398.03	\$ 838.82
PRESCRIPTION DRUGS	28	263	41,520.08	157.87	5.260		1482.86	830.40
SNF/ICF	25	240	37,572.68	156.55	4.800		1502.91	751.45
OUTPATIENTS	4	23	3,947.40	171.63	.460		986.85	78.95
MEDICAL SUPPLIES	3	1,694	420.71	.25	33.880		140.24	8.41
@DENTIST	6	20	\$ 423.00	\$ 21.15	.400		\$ 70.50	\$ 8.46
VISITS - DIAGNOSTIC	5	16	282.00	17.63	.320		56.40	5.64
ORAL SURGERY	1	1	45.00	45.00	.020		45.00	.90
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.040		96.00	1.92
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.020		.00	.00

MADERA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	230	\$ 5,116.95	\$ 22.25	4.600	\$ 393.61	\$ 102.34
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	230	5,116.95	22.25	4.600	393.61	102.34
MEDICAL	3	4	182.00	45.50	.080	60.67	3.64
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	221.88	9.25	.480	44.38	4.44
RADIOLOGY	3	4	134.65	33.66	.080	44.88	2.69
ROOM USE	1	2	69.89	34.95	.040	69.89	1.40
CROSSOVERS/ALL OTH OUTPTNT	7	196	4,508.53	23.00	3.920	644.08	90.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	230	\$ 5,116.95	\$ 22.25	4.600	\$ 393.61	\$ 102.34
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	230	5,116.95	22.25	4.600	393.61	102.34
MEDICAL	3	4	182.00	45.50	.080	60.67	3.64
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	221.88	9.25	.480	44.38	4.44
RADIOLOGY	3	4	134.65	33.66	.080	44.88	2.69
ROOM USE	1	2	69.89	34.95	.040	69.89	1.40
CROSSOVERS/ALL OTH OUTPTNT	7	196	4,508.53	23.00	3.920	644.08	90.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	1,018	\$ 188,270.20	\$ 184.94	20.360	\$ 8965.25	\$ 3765.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	2	135		73,267.86		542.72	2.700	36633.93	1465.36
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	19	883		115,002.34		130.24	17.660	6052.75	2300.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	15	\$	153.98	\$	10.27	.300	\$ 25.66	\$ 3.08
PATHOLOGY	6	15		153.98		10.27	.300	25.66	3.08
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	30	\$	7,104.24	\$	236.81	.600	\$ 1014.89	\$ 142.08
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	30		7,104.24		236.81	.600	1014.89	142.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,280
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	600	\$ 3,628.99	\$ 6.05	12.000	\$ 279.15	\$ 72.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	595	3,530.57	5.93	11.900	320.96	70.61
AMBULANCES/AIR TRANS	10	543	3,455.34	6.36	10.860	345.53	69.11
OTHER TRANS	1	52	75.23	1.45	1.040	75.23	1.50
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	12.48	6.24	.040	12.48	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.040	60.26	1.21
PROSTHETIST/ORTHOTISTS	1	1	25.68	25.68	.020	25.68	.51
PROSTHETICS	1	1	25.68	25.68	.020	25.68	.51
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,281

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	5	\$ 2,664.70	\$ 532.94	2.500	\$ 1332.35	\$ 1332.35
@PHYSICIANS SERVICES	1	1	\$ 53.79	\$ 53.79	.500	\$ 53.79	\$ 26.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	53.79	53.79	.500	53.79	26.90
HOSPITAL VISITS	1	1	53.79	53.79	.500	53.79	26.90
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,282
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	1	4	\$ 2,610.91	\$ 652.73	2.000	\$ 2610.91	\$ 1305.46	
HOSP INPATIENT TOTAL	1	4	2,610.91	652.73	2.000	2610.91	1305.46	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	4	2,610.91	652.73	2.000	2610.91	1305.46	
ACCOMMODATIONS	1	4	1,071.00	267.75	2.000	1071.00	535.50	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	4	1,071.00	267.75	2.000	1071.00	535.50	
ANCILLARIES	1	0	1,539.91	.00	.000	1539.91	769.96	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,283
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$ 2,610.91	\$ 652.73	2.000	\$ 2610.91	\$ 1305.46
COMM HOSP INPATIENT TOTAL	1	4	2,610.91	652.73	2.000	2610.91	1305.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	2,610.91	652.73	2.000	2610.91	1305.46
ACCOMMODATIONS	1	4	1,071.00	267.75	2.000	1071.00	535.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,071.00	267.75	2.000	1071.00	535.50
ANCILLARIES	1	0	1,539.91	.00	.000	1539.91	769.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,284
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,285
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	62	3,922	\$ 250,836.08	\$ 63.96	75.423	\$ 4045.74	\$ 4823.77
@PHYSICIANS SERVICES	19	48	\$ 1,587.02	\$ 33.06	.923	\$ 83.53	\$ 30.52
OUTPATIENT VISITS	4	4	289.38	72.35	.077	72.35	5.57
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	289.38	72.35	.077	72.35	5.57
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	13	30	946.93	31.56	.577	72.84	18.21
HOSPITAL VISITS	1	1	53.79	53.79	.019	53.79	1.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.558	74.43	17.18
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	6.18	1.55	.077	6.18	.12
RADIOLOGY	6	7	272.09	38.87	.135	45.35	5.23
PSYCHIATRY	1	1	23.22	23.22	.019	23.22	.45
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	49.22	24.61	.038	24.61	.95
@PHARMACY	30	1,957	\$ 41,940.79	\$ 21.43	37.635	\$ 1398.03	\$ 806.55
PRESCRIPTION DRUGS	28	263	41,520.08	157.87	5.058	1482.86	798.46
SNF/ICF	25	240	37,572.68	156.55	4.615	1502.91	722.55
OUTPATIENTS	4	23	3,947.40	171.63	.442	986.85	75.91
MEDICAL SUPPLIES	3	1,694	420.71	.25	32.577	140.24	8.09
@DENTIST	6	20	\$ 423.00	\$ 21.15	.385	\$ 70.50	\$ 8.13
VISITS - DIAGNOSTIC	5	16	282.00	17.63	.308	56.40	5.42
ORAL SURGERY	1	1	45.00	45.00	.019	45.00	.87
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.038	96.00	1.85
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.019	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,286
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00		.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
@TOTAL HOSPITAL	14	234	\$ 7,727.86	\$ 33.03	4.500	\$ 551.99	\$	148.61
HOSP INPATIENT TOTAL	1	4	2,610.91	652.73	.077	2610.91		50.21
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	4	2,610.91	652.73	.077	2610.91		50.21
ACCOMMODATIONS	1	4	1,071.00	267.75	.077	1071.00		20.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4	1,071.00	267.75	.077	1071.00		20.60
ANCILLARIES	1	0	1,539.91	.00	.000	1539.91		29.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	13	230	5,116.95	22.25	4.423	393.61		98.40
MEDICAL	3	4	182.00	45.50	.077	60.67		3.50
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	5	24	221.88	9.25	.462	44.38		4.27
RADIOLOGY	3	4	134.65	33.66	.077	44.88		2.59
ROOM USE	1	2	69.89	34.95	.038	69.89		1.34
CROSSOVERS/ALL OTH OUTPTNT	7	196	4,508.53	23.00	3.769	644.08		86.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,287
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	234	\$ 7,727.86	\$ 33.03	4.500	\$ 551.99	\$ 148.61
COMM HOSP INPATIENT TOTAL	1	4	2,610.91	652.73	.077	2610.91	50.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	2,610.91	652.73	.077	2610.91	50.21
ACCOMMODATIONS	1	4	1,071.00	267.75	.077	1071.00	20.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,071.00	267.75	.077	1071.00	20.60
ANCILLARIES	1	0	1,539.91	.00	.000	1539.91	29.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	230	5,116.95	22.25	4.423	393.61	98.40
MEDICAL	3	4	182.00	45.50	.077	60.67	3.50
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	221.88	9.25	.462	44.38	4.27
RADIOLOGY	3	4	134.65	33.66	.077	44.88	2.59
ROOM USE	1	2	69.89	34.95	.038	69.89	1.34
CROSSOVERS/ALL OTH OUTPTNT	7	196	4,508.53	23.00	3.769	644.08	86.70
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	1,018	\$ 188,270.20	\$ 184.94	19.577	\$ 8965.25	\$ 3620.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	135	73,267.86	542.72	2.596	36633.93	1409.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	883	115,002.34	130.24	16.981	6052.75	2211.58
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	15	\$	153.98	\$ 10.27	.288	\$ 25.66	\$ 2.96
PATHOLOGY	6	15		153.98	10.27	.288	25.66	2.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	30	\$	7,104.24	\$ 236.81	.577	\$ 1014.89	\$ 136.62
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	30		7,104.24	236.81	.577	1014.89	136.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,288
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13		600	\$ 3,628.99	\$ 6.05	11.538	\$ 279.15	\$ 69.79
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11		595	3,530.57	5.93	11.442	320.96	67.90
AMBULANCES/AIR TRANS	10		543	3,455.34	6.36	10.442	345.53	66.45
OTHER TRANS	1		52	75.23	1.45	1.000	75.23	1.45
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	12.48	6.24	.038	12.48	.24
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		2	60.26	30.13	.038	60.26	1.16
PROSTHETIST/ORTHOTISTS	1		1	25.68	25.68	.019	25.68	.49
PROSTHETICS	1		1	25.68	25.68	.019	25.68	.49
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,289
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,290
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,291
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,292
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	535	6,849	\$ 552,090.36	\$ 80.61	20.384	\$ 1031.94	\$ 1643.13	
@PHYSICIANS SERVICES	297	1,282	\$ 79,035.94	\$ 61.65	3.815	\$ 266.11	\$ 235.23	
OUTPATIENT VISITS	163	696	22,096.41	31.75	2.071	135.56	65.76	
OFFICE VISITS	29	32	1,353.05	42.28	.095	46.66	4.03	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	25	27	1,877.85	69.55	.080	75.11	5.59	
PREVENTIVE CARE	1	1	68.73	68.73	.003	68.73	.20	
OB VISITS/COMPRE PERI	129	636	18,796.78	29.55	1.893	145.71	55.94	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	49	111	5,377.03	48.44	.330	109.74	16.00	
HOSPITAL VISITS	35	65	2,737.73	42.12	.193	78.22	8.15	
CRITICAL CARE	2	17	1,746.16	102.72	.051	873.08	5.20	
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.086	74.43	2.66	
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.006	38.50	.23	
EXAMINATIONS	2	2	77.00	38.50	.006	38.50	.23	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	70	174	39,956.04	229.63	.518	570.80	118.92	
PRINCIPAL SURGEON	52	67	35,287.46	526.68	.199	678.61	105.02	
ASSISTANT SURGEON	10	10	1,865.00	186.50	.030	186.50	5.55	
ANESTHESIOLOGIST	16	97	2,803.58	28.90	.289	175.22	8.34	
OUTPATIENT SURGERY	15	22	1,883.40	85.61	.065	125.56	5.61	
PRINCIPAL SURGEON	15	19	1,793.82	94.41	.057	119.59	5.34	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	3	89.58	29.86	.009	29.86	.27	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	72	130	1,868.95	14.38	.387	25.96	5.56	
RADIOLOGY	80	94	5,019.64	53.40	.280	62.75	14.94	
PSYCHIATRY	1	1	23.22	23.22	.003	23.22	.07	
IMMUNIZATION AND INJECTION	9	13	463.91	35.69	.039	51.55	1.38	
OTHER SERVICES/ALL X-OVERS	29	39	2,270.34	58.21	.116	78.29	6.76	
@PHARMACY	196	2,311	\$ 59,619.02	\$ 25.80	6.878	\$ 304.18	\$ 177.44	
PRESCRIPTION DRUGS	190	589	57,386.97	97.43	1.753	302.04	170.79	
SNF/ICF	25	240	37,572.68	156.55	.714	1502.91	111.82	
OUTPATIENTS	166	349	19,814.29	56.77	1.039	119.36	58.97	
MEDICAL SUPPLIES	15	1,722	2,232.05	1.30	5.125	148.80	6.64	
@DENTIST	23	103	\$ 3,163.00	\$ 30.71	.307	\$ 137.52	\$ 9.41	
VISITS - DIAGNOSTIC	20	70	1,141.00	16.30	.208	57.05	3.40	
ORAL SURGERY	4	5	260.00	52.00	.015	65.00	.77	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	3	4	666.00	166.50	.012	222.00	1.98	
RESTORATIVE DENTISTRY	8	22	1,066.00	48.45	.065	133.25	3.17	
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.09	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1	.00	.00	.003	.00	.00	

MADERA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	5	13	\$ 310.34	\$ 23.87	.039	\$	62.07	\$.92
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.012		45.45	.54
EYE APPLIANCES	3	9	128.55	14.28	.027		42.85	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.009	\$	25.08	\$.15
VISITS	2	3	50.16	16.72	.009		25.08	.15
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	3	3	\$ 115.50	\$ 38.50	.009	\$	38.50	\$.34
MEDICINE/INJECTIONS	3	3	115.50	38.50	.009		38.50	.34
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	212	875	\$ 160,014.28	\$ 182.87	2.604	\$	754.78	\$ 476.23
HOSP INPATIENT TOTAL	41	145	141,899.53	978.62	.432		3460.96	422.32
HSC HOSPITALS	25	73	100,280.33	1373.70	.217		4011.21	298.45
NON-HSC HOSPITAL TOTAL	16	72	41,619.20	578.04	.214		2601.20	123.87
ACCOMMODATIONS	16	72	20,345.43	282.58	.214		1271.59	60.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	16	72	20,345.43	282.58	.214		1271.59	60.55
ANCILLARIES	16	0	21,273.77	.00	.000		1329.61	63.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	182	730	18,114.75	24.81	2.173	99.53	53.91
MEDICAL	12	15	909.00	60.60	.045	75.75	2.71
SURGERY	8	14	354.41	25.32	.042	44.30	1.05
PATHOLOGY	98	265	3,208.87	12.11	.789	32.74	9.55
RADIOLOGY	36	45	3,225.85	71.69	.134	89.61	9.60
ROOM USE	60	95	3,805.12	40.05	.283	63.42	11.32
CROSSOVERS/ALL OTH OUTPTNT	62	296	6,611.50	22.34	.881	106.64	19.68
@COUNTY HOSPITAL TOTAL	1	15	435.41	29.03	.045	435.41	1.30
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15	435.41	29.03	.045	435.41	1.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	6.28	6.28	.003	6.28	.02
PATHOLOGY	1	6	129.02	21.50	.018	129.02	.38
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.012	263.13	.78
CROSSOVERS/ALL OTH OUTPTNT	1	4	36.98	9.25	.012	36.98	.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,295
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					----- MONTHLY AVERAGE -----			
336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	211	860	\$ 159,578.87	\$ 185.56	2.560	\$ 756.30	\$ 474.94	
COMM HOSP INPATIENT TOTAL	41	145	141,899.53	978.62	.432	3460.96	422.32	
HSC HOSPITALS	25	73	100,280.33	1373.70	.217	4011.21	298.45	
NON-HSC HOSPITALS TOTAL	16	72	41,619.20	578.04	.214	2601.20	123.87	
ACCOMMODATIONS	16	72	20,345.43	282.58	.214	1271.59	60.55	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	16	72	20,345.43	282.58	.214	1271.59	60.55	
ANCILLARIES	16	0	21,273.77	.00	.000	1329.61	63.31	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	181	715	17,679.34	24.73	2.128	97.68	52.62	
MEDICAL	12	15	909.00	60.60	.045	75.75	2.71	
SURGERY	7	13	348.13	26.78	.039	49.73	1.04	
PATHOLOGY	97	259	3,079.85	11.89	.771	31.75	9.17	
RADIOLOGY	36	45	3,225.85	71.69	.134	89.61	9.60	
ROOM USE	59	91	3,541.99	38.92	.271	60.03	10.54	
CROSSOVERS/ALL OTH OUTPTNT	61	292	6,574.52	22.52	.869	107.78	19.57	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	21	1,018	\$ 188,270.20	\$ 184.94	3.030	\$ 8965.25	\$ 560.33	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	2	135		73,267.86		542.72	.402	36633.93	218.06
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	19	883		115,002.34		130.24	2.628	6052.75	342.27
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	80	225	\$	4,065.77	\$	18.07	.670	\$ 50.82	\$ 12.10
PATHOLOGY	80	223		3,946.77		17.70	.664	49.33	11.75
XO AND OTHERS	2	2		119.00		59.50	.006	59.50	.35
@ORGANIZED OUTPATIENT CLINIC	113	336	\$	50,753.93	\$	151.05	1.000	\$ 449.15	\$ 151.05
CLINIC	22	97		2,449.01		25.25	.289	111.32	7.29
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	94	239		48,304.92		202.11	.711	513.88	143.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,296
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

						----- MONTHLY AVERAGE -----			
336 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	46	680	\$	6,692.22	\$ 9.84	2.024	\$ 145.48	\$ 19.92	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	17	642		4,176.63	6.51	1.911	245.68	12.43	
AMBULANCES/AIR TRANS	16	590		4,101.40	6.95	1.756	256.34	12.21	
OTHER TRANS	1	52		75.23	1.45	.155	75.23	.22	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.063	105.00	6.56	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	6	13		128.15	9.86	.039	21.36	.38	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2		60.26	30.13	.006	60.26	.18	
PROSTHETIST/ORTHOTISTS	2	2		122.18	61.09	.006	61.09	.36	
PROSTHETICS	2	2		122.18	61.09	.006	61.09	.36	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	1	307	\$	9,450.00	\$ 30.78	.914	\$ 9450.00	\$ 28.13	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,297
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL AGED

24,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,573	1,315,190	\$ 17,149,817.45	\$ 13.04	52.976	\$ 833.61	\$ 690.80
@PHYSICIANS SERVICES	4,185	12,168	\$ 230,038.56	\$ 18.91	.490	\$ 54.97	\$ 9.27
OUTPATIENT VISITS	257	369	14,491.20	39.27	.015	56.39	.58
OFFICE VISITS	225	322	11,133.63	34.58	.013	49.48	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	44	3,282.85	74.61	.002	82.07	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	74.72	24.91	.000	37.36	.00
INPATIENT VISITS	83	291	10,974.54	37.71	.012	132.22	.44
HOSPITAL VISITS	28	185	7,206.02	38.95	.007	257.36	.29
CRITICAL CARE	4	9	906.30	100.70	.000	226.58	.04
SNF/ICF/TRANS IP CARE	58	97	2,862.22	29.51	.004	49.35	.12
OPHTHALMOLOGICAL SERVICES	130	134	2,861.10	21.35	.005	22.01	.12
EXAMINATIONS	130	134	2,861.10	21.35	.005	22.01	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	47	4,072.90	86.66	.002	271.53	.16
PRINCIPAL SURGEON	11	16	3,237.12	202.32	.001	294.28	.13
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	5	30	734.70	24.49	.001	146.94	.03
OUTPATIENT SURGERY	59	124	22,748.30	183.45	.005	385.56	.92
PRINCIPAL SURGEON	47	56	20,731.31	370.20	.002	441.09	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	68	2,016.99	29.66	.003	126.06	.08
DIALYSIS	1	2	144.32	72.16	.000	144.32	.01
PATHOLOGY	110	208	2,999.20	14.42	.008	27.27	.12
RADIOLOGY	139	245	6,303.08	25.73	.010	45.35	.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	56	8,052.98	143.80	.002	503.31	.32
OTHER SERVICES/ALL X-OVERS	3,751	10,692	157,390.94	14.72	.431	41.96	6.34
@PHARMACY	17,120	786,603	\$ 5,677,831.48	\$ 7.22	31.685	\$ 331.65	\$ 228.71
PRESCRIPTION DRUGS	16,704	74,133	5,455,534.42	73.59	2.986	326.60	219.75
SNF/ICF	2,751	17,514	1,034,046.93	59.04	.705	375.88	41.65
OUTPATIENTS	14,020	56,619	4,421,487.49	78.09	2.281	315.37	178.10
MEDICAL SUPPLIES	2,668	712,470	222,297.06	.31	28.699	83.32	8.95
@DENTIST	1,084	4,553	\$ 189,632.17	\$ 41.65	.183	\$ 174.94	\$ 7.64
VISITS - DIAGNOSTIC	703	2,830	29,371.75	10.38	.114	41.78	1.18
ORAL SURGERY	182	453	27,225.50	60.10	.018	149.59	1.10
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.00
PERIODONTICS	125	129	11,941.00	92.57	.005	95.53	.48
ENDODONTICS	40	64	12,257.00	191.52	.003	306.43	.49
RESTORATIVE DENTISTRY	186	421	29,410.00	69.86	.017	158.12	1.18
PROSTHETICS	11	11	260.00	23.64	.000	23.64	.01
DENTURES, STAYPLATES	263	614	79,021.92	128.70	.025	300.46	3.18
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	18	27	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,298
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL AGED

24,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	359	844	\$ 16,502.79	\$ 19.55	.034	\$ 45.97	\$.66
DIAGNOSTIC AND ANC. PROCED	67	74	2,300.44	31.09	.003	34.33	.09
EYE APPLIANCES	220	593	10,240.34	17.27	.024	46.55	.41
OTHER OPTOMETRIC SERVICES	116	177	3,962.01	22.38	.007	34.16	.16
@CHIROPRACTOR	33	54	\$ 726.97	\$ 13.46	.002	\$ 22.03	\$.03
VISITS	5	12	200.64	16.72	.000	40.13	.01
OTHER SERVICES	28	42	526.33	12.53	.002	18.80	.02
@PODIATRIST	471	597	\$ 4,714.51	\$ 7.90	.024	\$ 10.01	\$.19
MEDICINE/INJECTIONS	7	7	211.50	30.21	.000	30.21	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	464	590	4,503.01	7.63	.024	9.70	.18
@HOME HEALTH AGENCY	11	41	\$ 2,711.91	\$ 66.14	.002	\$ 246.54	\$.11
NURSE ANESTHESIST	9	24	\$ 244.65	\$ 10.19	.001	\$ 27.18	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$.00
@TOTAL HOSPITAL	1,594	5,936	\$ 910,974.29	\$ 153.47	.239	\$ 571.50	\$ 36.69
HOSP INPATIENT TOTAL	307	431	759,369.73	1761.88	.017	2473.52	30.59
HSC HOSPITALS	33	231	235,497.99	1019.47	.009	7136.30	9.49
NON-HSC HOSPITAL TOTAL	29	200	316,653.69	1583.27	.008	10919.09	12.75
ACCOMMODATIONS	29	200	95,376.39	476.88	.008	3288.84	3.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	200	95,376.39	476.88	.008	3288.84	3.84
ANCILLARIES	29	0	221,277.30	.00	.000	7630.25	8.91
INPATIENT CROSSOVERS	246	0	207,218.05	.00	.000	842.35	8.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,356	5,505	151,604.56	27.54	.222	111.80	6.11
MEDICAL	45	69	3,642.64	52.79	.003	80.95	.15
SURGERY	22	26	4,316.86	166.03	.001	196.22	.17
PATHOLOGY	76	297	3,581.71	12.06	.012	47.13	.14
RADIOLOGY	87	122	12,751.94	104.52	.005	146.57	.51
ROOM USE	54	78	4,086.86	52.40	.003	75.68	.16
CROSSOVERS/ALL OTH OUTPTNT	1,235	4,913	123,224.55	25.08	.198	99.78	4.96
@COUNTY HOSPITAL TOTAL	13	51	\$ 6,660.49	\$ 130.60	.002	\$ 512.35	\$.27
CO HOSPITAL INPATIENT TOTAL	2	5	5,690.80	1138.16	.000	2845.40	.23
HSC HOSPITALS	1	5	5,109.94	1021.99	.000	5109.94	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	580.86	.00	.000	580.86	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	12	46	969.69	21.08	.002	80.81	.04
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	969.69	21.08	.002	88.15	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,299
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
24,826 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,583	5,885	\$ 904,313.80	\$ 153.66	.237	\$ 571.27	\$ 36.43
COMM HOSP INPATIENT TOTAL	305	426	753,678.93	1769.20	.017	2471.08	30.36
HSC HOSPITALS	32	226	230,388.05	1019.42	.009	7199.63	9.28
NON-HSC HOSPITALS TOTAL	29	200	316,653.69	1583.27	.008	10919.09	12.75
ACCOMMODATIONS	29	200	95,376.39	476.88	.008	3288.84	3.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	200	95,376.39	476.88	.008	3288.84	3.84
ANCILLARIES	29	0	221,277.30	.00	.000	7630.25	8.91
INPATIENT CROSSOVERS	245	0	206,637.19	.00	.000	843.42	8.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,346	5,459	150,634.87	27.59	.220	111.91	6.07
MEDICAL	44	69	3,642.64	52.79	.003	82.79	.15
SURGERY	22	26	4,316.86	166.03	.001	196.22	.17
PATHOLOGY	75	297	3,581.71	12.06	.012	47.76	.14
RADIOLOGY	87	122	12,751.94	104.52	.005	146.57	.51
ROOM USE	53	78	4,086.86	52.40	.003	77.11	.16
CROSSOVERS/ALL OTH OUTPTNT	1,226	4,867	122,254.86	25.12	.196	99.72	4.92
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.015	\$ 13421.82	\$ 6.49

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366		161,061.78	440.06	.015	13421.82	6.49
@NURSING FACILITY	2,814	84,971	\$	8,963,621.09	\$ 105.49	3.423	\$ 3185.37	\$ 361.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	298		131,854.81	442.47	.012	14650.53	5.31
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,806	84,673		8,831,766.28	104.30	3.411	3147.46	355.75
@INTERMEDIATE CARE FACIL.-DD	54	1,591	\$	288,155.15	\$ 181.12	.064	\$ 5336.21	\$ 11.61
ICF DDH	11	329		51,016.21	155.06	.013	4637.84	2.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	43	1,262		237,138.94	187.91	.051	5514.86	9.55
@HEMODIALYSIS TOTAL	110	142	\$	53,541.37	\$ 377.05	.006	\$ 486.74	\$ 2.16
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	110	142		53,541.37	377.05	.006	486.74	2.16
@REHABILITATION FACILITY	2	2	\$	127.31	\$ 63.66	.000	\$ 63.66	\$.01
HOSPITAL BASED	2	2		127.31	63.66	.000	63.66	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	125	512	\$	5,199.88	\$ 10.16	.021	\$ 41.60	\$.21
PATHOLOGY	115	501		5,083.40	10.15	.020	44.20	.20
XO AND OTHERS	10	11		116.48	10.59	.000	11.65	.00
@ORGANIZED OUTPATIENT CLINIC	2,899	4,567	\$	226,008.45	\$ 49.49	.184	\$ 77.96	\$ 9.10
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	36	65		4,210.18	64.77	.003	116.95	.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,866	4,502		221,798.27	49.27	.181	77.39	8.93

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,300
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL AGED

					----- MONTHLY AVERAGE -----			
24,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,118	412,218	\$ 418,685.09	\$ 1.02	16.604	\$ 134.28	\$ 16.86	
DURABLE MED. EQUIP.	67	405	20,004.51	49.39	.016	298.57	.81	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	89	133	38,570.14	290.00	.005	433.37	1.55	
MEDICAL TRANSPORTATION	431	34,733	103,364.61	2.98	1.399	239.83	4.16	
AMBULANCES/AIR TRANS	154	2,140	24,146.87	11.28	.086	156.80	.97	
OTHER TRANS	265	32,049	78,360.42	2.45	1.291	295.70	3.16	
OTHER SERVICES	35	544	857.32	1.58	.022	24.49	.03	
ACUPUNCTURE	1	6	108.13	18.02	.000	108.13	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	277	1,226	100,168.71	81.70	.049	361.62	4.03	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	484	1,132	13,559.22	11.98	.046	28.01	.55	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	31	60	291.38	4.86	.002	9.40	.01	
PROSTHETIST/ORTHOTISTS	11	18	764.52	42.47	.001	69.50	.03	
PROSTHETICS	11	18	764.52	42.47	.001	69.50	.03	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	2	2	100.37	50.19	.000	50.19	.00	
SPEECH AND AUDIOLOGY	110	198	38,650.30	195.20	.008	351.37	1.56	
HOSPICE SERVICES	6	106	11,868.68	111.97	.004	1978.11	.48	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,850	374,199	91,234.52	.24	15.073	49.32	3.67
@CALIF. CHILDREN SERVICES*	3	3	\$ 143.75	\$ 47.92	.000	\$ 47.92	\$.01
@XOVER EXCLUDING STATE HOSP**	7,295	87,308	\$ 1,117,252.15	\$ 12.80	3.517	\$ 153.15	\$ 45.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,301
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	1,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,134	100,866	\$ 1,283,141.53	\$ 12.72	76.588	\$ 1131.52	\$ 974.29	
@PHYSICIANS SERVICES	412	1,732	\$ 60,881.91	\$ 35.15	1.315	\$ 147.77	\$ 46.23	
OUTPATIENT VISITS	169	279	10,150.59	36.38	.212	60.06	7.71	
OFFICE VISITS	113	164	4,568.62	27.86	.125	40.43	3.47	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	40	50	3,611.12	72.22	.038	90.28	2.74	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	3	29	636.73	21.96	.022	212.24	.48	
OTHER OUTPATIENT	26	36	1,334.12	37.06	.027	51.31	1.01	
INPATIENT VISITS	38	275	11,885.21	43.22	.209	312.77	9.02	
HOSPITAL VISITS	29	192	8,653.71	45.07	.146	298.40	6.57	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	9	83	3,231.50	38.93	.063	359.06	2.45	
OPHTHALMOLOGICAL SERVICES	19	21	784.10	37.34	.016	41.27	.60	
EXAMINATIONS	19	21	784.10	37.34	.016	41.27	.60	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	20	107	10,823.90	101.16	.081	541.20	8.22	
PRINCIPAL SURGEON	15	30	8,113.13	270.44	.023	540.88	6.16	
ASSISTANT SURGEON	2	2	561.03	280.52	.002	280.52	.43	
ANESTHESIOLOGIST	8	75	2,149.74	28.66	.057	268.72	1.63	
OUTPATIENT SURGERY	15	21	4,186.15	199.34	.016	279.08	3.18	
PRINCIPAL SURGEON	13	14	3,923.61	280.26	.011	301.82	2.98	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	7	262.54	37.51	.005	131.27	.20	
DIALYSIS	4	13	752.84	57.91	.010	188.21	.57	
PATHOLOGY	33	136	792.24	5.83	.103	24.01	.60	
RADIOLOGY	89	199	7,382.70	37.10	.151	82.95	5.61	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	11	13	299.97	23.07	.010	27.27	.23	
OTHER SERVICES/ALL X-OVERS	229	668	13,824.21	20.69	.507	60.37	10.50	
@PHARMACY	951	60,496	\$ 469,185.66	\$ 7.76	45.935	\$ 493.36	\$ 356.25	
PRESCRIPTION DRUGS	920	4,198	441,223.86	105.10	3.188	479.59	335.02	
SNF/ICF	48	276	23,362.47	84.65	.210	486.72	17.74	
OUTPATIENTS	881	3,922	417,861.39	106.54	2.978	474.30	317.28	
MEDICAL SUPPLIES	245	56,298	27,961.80	.50	42.747	114.13	21.23	
@DENTIST	84	416	\$ 12,561.50	\$ 30.20	.316	\$ 149.54	\$ 9.54	
VISITS - DIAGNOSTIC	64	292	3,105.50	10.64	.222	48.52	2.36	
ORAL SURGERY	14	48	3,088.00	64.33	.036	220.57	2.34	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.15	

PERIODONTICS	11	12	1,101.00	91.75	.009	100.09	.84
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	34	2,360.00	69.41	.026	168.57	1.79
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	8	25	2,527.00	101.08	.019	315.88	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.11
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	41	\$ 957.43	\$ 23.35	.031	\$ 59.84	\$.73
DIAGNOSTIC AND ANC. PROCED	8	10	369.58	36.96	.008	46.20	.28
EYE APPLIANCES	11	29	570.94	19.69	.022	51.90	.43
OTHER OPTOMETRIC SERVICES	1	2	16.91	8.46	.002	16.91	.01
@CHIROPRACITOR	12	22	\$ 367.84	\$ 16.72	.017	\$ 30.65	\$.28
VISITS	12	22	367.84	16.72	.017	30.65	.28
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	26	\$ 328.33	\$ 12.63	.020	\$ 14.28	\$.25
MEDICINE/INJECTIONS	6	6	144.00	24.00	.005	24.00	.11
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	20	184.33	9.22	.015	10.84	.14
@HOME HEALTH AGENCY	9	183	\$ 6,537.71	\$ 35.73	.139	\$ 726.41	\$ 4.96
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	181	1,045	\$ 343,115.18	\$ 328.34	.793	\$ 1895.66	\$ 260.53
HOSP INPATIENT TOTAL	37	236	313,879.09	1330.00	.179	8483.22	238.33
HSC HOSPITALS	19	177	233,356.01	1318.40	.134	12281.90	177.19
NON-HSC HOSPITAL TOTAL	10	59	73,856.35	1251.80	.045	7385.64	56.08
ACCOMMODATIONS	10	59	19,173.02	324.97	.045	1917.30	14.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	59	19,173.02	324.97	.045	1917.30	14.56
ANCILLARIES	10	0	54,683.33	.00	.000	5468.33	41.52
INPATIENT CROSSOVERS	8	0	6,666.73	.00	.000	833.34	5.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	158	809	29,236.09	36.14	.614	185.04	22.20
MEDICAL	28	51	1,979.33	38.81	.039	70.69	1.50
SURGERY	12	14	2,071.31	147.95	.011	172.61	1.57
PATHOLOGY	40	241	3,171.25	13.16	.183	79.28	2.41
RADIOLOGY	44	70	7,940.53	113.44	.053	180.47	6.03
ROOM USE	60	108	4,445.00	41.16	.082	74.08	3.38
CROSSOVERS/ALL OTH OUTPTNT	95	325	9,628.67	29.63	.247	101.35	7.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	181	1,045	\$ 343,115.18	\$ 328.34	.793	\$ 1895.66	\$ 260.53
COMM HOSP INPATIENT TOTAL	37	236	313,879.09	1330.00	.179	8483.22	238.33
HSC HOSPITALS	19	177	233,356.01	1318.40	.134	12281.90	177.19
NON-HSC HOSPITALS TOTAL	10	59	73,856.35	1251.80	.045	7385.64	56.08
ACCOMMODATIONS	10	59	19,173.02	324.97	.045	1917.30	14.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	59	19,173.02	324.97	.045	1917.30	14.56
ANCILLARIES	10	0	54,683.33	.00	.000	5468.33	41.52
INPATIENT CROSSOVERS	8	0	6,666.73	.00	.000	833.34	5.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	158	809	29,236.09	36.14	.614	185.04	22.20
MEDICAL	28	51	1,979.33	38.81	.039	70.69	1.50
SURGERY	12	14	2,071.31	147.95	.011	172.61	1.57
PATHOLOGY	40	241	3,171.25	13.16	.183	79.28	2.41
RADIOLOGY	44	70	7,940.53	113.44	.053	180.47	6.03
ROOM USE	60	108	4,445.00	41.16	.082	74.08	3.38
CROSSOVERS/ALL OTH OUTPTNT	95	325	9,628.67	29.63	.247	101.35	7.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	32	998	\$ 212,181.46	\$ 212.61	.758	\$ 6630.67	\$ 161.11
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	6	146	50,315.67	344.63	.111	8385.95	38.20
LEV B-SUBACUTE HSPTL BASED	4	130	67,524.32	519.42	.099	16881.08	51.27
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	722	94,341.47	130.67	.548	4288.25	71.63
@INTERMEDIATE CARE FACIL.-DD	8	262	\$ 44,683.61	\$ 170.55	.199	\$ 5585.45	\$ 33.93
ICF DDH	8	262	44,683.61	170.55	.199	5585.45	33.93
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	79	192	\$ 39,116.76	\$ 203.73	.146	\$ 495.15	\$ 29.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	79	192	39,116.76	203.73	.146	495.15	29.70
@REHABILITATION FACILITY	3	9	\$ 174.08	\$ 19.34	.007	\$ 58.03	\$.13
HOSPITAL BASED	1	1	97.29	97.29	.001	97.29	.07

INDEPENDENT FACILITY	2	8		76.79	9.60	.006	38.40	.06
@LABORATORY FACILITY	81	376	\$	3,903.73	\$ 10.38	.285	\$ 48.19	\$ 2.96
PATHOLOGY	80	370		3,892.77	10.52	.281	48.66	2.96
XO AND OTHERS	1	6		10.96	1.83	.005	10.96	.01
@ORGANIZED OUTPATIENT CLINIC	228	391	\$	35,461.29	\$ 90.69	.297	\$ 155.53	\$ 26.93
CLINIC	1	5		510.66	102.13	.004	510.66	.39
SURGICENTER	4	11		424.75	38.61	.008	106.19	.32
HEROIN DETOX CLINIC	1	6		87.60	14.60	.005	87.60	.07
RURAL HEALTH CLINIC	224	369		34,438.28	93.33	.280	153.74	26.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,304
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND							

1,317 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	239			34,677	\$ 53,685.04	\$ 1.55	26.330	\$ 224.62	\$ 40.76
DURABLE MED. EQUIP.	15			27	5,902.84	218.62	.021	393.52	4.48
BLOOD BANK	0			0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0			0	125.14	.00	.000	.00	.10
MEDICAL TRANSPORTATION	75			5,488	25,715.39	4.69	4.167	342.87	19.53
AMBULANCES/AIR TRANS	28			586	5,736.31	9.79	.445	204.87	4.36
OTHER TRANS	46			4,881	19,943.30	4.09	3.706	433.55	15.14
OTHER SERVICES	1			21	35.78	1.70	.016	35.78	.03
ACUPUNCTURE	0			0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0			0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0			0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18			47	5,599.06	119.13	.036	311.06	4.25
OCCUPATIONAL THERAPIST	0			0	.00	.00	.000	.00	.00
OPTICIAN	35			83	1,449.42	17.46	.063	41.41	1.10
PHYSICAL THERAPIST	0			0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0			0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0			2	404.37	202.19	.002	.00	.31

PROSTHETICS	0	2	404.37	202.19	.002	.00	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	166.69	41.67	.003	83.35	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,704	8,064.96	4.73	1.294	424.47	6.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	27,322	6,257.17	.23	20.746	61.95	4.75
@CALIF. CHILDREN SERVICES*	38	1,946	\$ 120,882.42	\$ 62.12	1.478	\$ 3181.12	\$ 91.79
@XOVER EXCLUDING STATE HOSP**	263	1,411	\$ 65,934.24	\$ 46.73	1.071	\$ 250.70	\$ 50.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

45,802 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39,586	2,864,100	\$ 34,257,472.00	\$ 11.96	62.532	\$ 865.39	\$ 747.95
@PHYSICIANS SERVICES	12,697	59,538	\$ 1,964,602.51	\$ 33.00	1.300	\$ 154.73	\$ 42.89
OUTPATIENT VISITS	6,073	9,751	365,117.12	37.44	.213	60.12	7.97
OFFICE VISITS	4,292	6,602	199,587.31	30.23	.144	46.50	4.36
HOME VISITS	45	75	2,815.98	37.55	.002	62.58	.06
EMERGENCY ROOM	1,393	1,896	120,907.91	63.77	.041	86.80	2.64
PREVENTIVE CARE	13	13	570.58	43.89	.000	43.89	.01
OB VISITS/COMPRE PERI	28	182	5,202.62	28.59	.004	185.81	.11
OTHER OUTPATIENT	735	983	36,032.72	36.66	.021	49.02	.79
INPATIENT VISITS	996	5,555	316,011.97	56.89	.121	317.28	6.90
HOSPITAL VISITS	747	4,487	208,340.61	46.43	.098	278.90	4.55
CRITICAL CARE	95	609	92,274.61	151.52	.013	971.31	2.01
SNF/ICF/TRANS IP CARE	237	459	15,396.75	33.54	.010	64.97	.34
OPHTHALMOLOGICAL SERVICES	374	441	16,565.95	37.56	.010	44.29	.36
EXAMINATIONS	372	439	16,510.66	37.61	.010	44.38	.36
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	348	2,033	187,768.42	92.36	.044	539.56	4.10
PRINCIPAL SURGEON	263	425	151,449.51	356.35	.009	575.85	3.31
ASSISTANT SURGEON	26	28	5,581.39	199.34	.001	214.67	.12
ANESTHESIOLOGIST	112	1,580	30,737.52	19.45	.034	274.44	.67
OUTPATIENT SURGERY	723	1,892	151,536.46	80.09	.041	209.59	3.31
PRINCIPAL SURGEON	596	734	130,387.04	177.64	.016	218.77	2.85
ASSISTANT SURGEON	9	18	946.90	52.61	.000	105.21	.02
ANESTHESIOLOGIST	158	1,140	20,202.52	17.72	.025	127.86	.44
DIALYSIS	79	385	22,633.75	58.79	.008	286.50	.49
PATHOLOGY	1,435	3,641	46,669.17	12.82	.079	32.52	1.02
RADIOLOGY	2,721	5,708	195,475.29	34.25	.125	71.84	4.27
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	429	10,600	314,501.04	29.67	.231	733.10	6.87
OTHER SERVICES/ALL X-OVERS	5,821	19,529	348,133.44	17.83	.426	59.81	7.60
@PHARMACY	31,589	1,388,089	\$ 13,971,699.98	\$ 10.07	30.306	\$ 442.30	\$ 305.05
PRESCRIPTION DRUGS	30,801	144,745	13,309,316.90	91.95	3.160	432.11	290.58
SNF/ICF	1,207	8,114	713,700.70	87.96	.177	591.30	15.58
OUTPATIENTS	29,731	136,631	12,595,616.20	92.19	2.983	423.65	275.00

MEDICAL SUPPLIES	5,075	1,243,344		662,383.08	.53	27.146	130.52	14.46
@DENTIST	2,794	13,995	\$	439,154.20	\$ 31.38	.306	\$ 157.18	\$ 9.59
VISITS - DIAGNOSTIC	1,976	9,539		102,977.73	10.80	.208	52.11	2.25
ORAL SURGERY	414	1,107		68,145.01	61.56	.024	164.60	1.49
DRUGS	27	61		1,015.00	16.64	.001	37.59	.02
ANESTHESIA	19	19		1,800.00	94.74	.000	94.74	.04
PERIODONTICS	368	386		35,617.50	92.27	.008	96.79	.78
ENDODONTICS	151	225		45,462.00	202.05	.005	301.07	.99
RESTORATIVE DENTISTRY	707	1,685		103,481.55	61.41	.037	146.37	2.26
PROSTHETICS	45	47		1,200.00	25.53	.001	26.67	.03
DENTURES, STAYPLATES	291	790		73,921.51	93.57	.017	254.03	1.61
SPACE MAINTAINERS	3	5		222.00	44.40	.000	74.00	.00
MAXILLOFACIAL SERVICES	23	25		2,831.90	113.28	.001	123.13	.06
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	17	24		2,165.00	90.21	.001	127.35	.05
ALL OTHER SERVICES	58	82		315.00	3.84	.002	5.43	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,306	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MADERA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

	45,802 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	758	1,930	\$	43,241.99	\$ 22.41	.042	\$ 57.05	\$.94
DIAGNOSTIC AND ANC. PROCED	416	475		17,952.60	37.79	.010	43.16	.39
EYE APPLIANCES	517	1,356		22,221.45	16.39	.030	42.98	.49
OTHER OPTOMETRIC SERVICES	68	99		3,067.94	30.99	.002	45.12	.07
@CHIROPRACTOR	277	398	\$	6,556.67	\$ 16.47	.009	\$ 23.67	\$.14
VISITS	255	368		6,148.78	16.71	.008	24.11	.13
OTHER SERVICES	22	30		407.89	13.60	.001	18.54	.01
@PODIATRIST	493	644	\$	12,110.37	\$ 18.80	.014	\$ 24.56	\$.26
MEDICINE/INJECTIONS	230	259		7,399.49	28.57	.006	32.17	.16
SURGERY/ANES.	6	6		912.95	152.16	.000	152.16	.02
RADIO./PATHOLOGY	5	5		86.50	17.30	.000	17.30	.00
OTHER	259	374		3,711.43	9.92	.008	14.33	.08
@HOME HEALTH AGENCY	239	12,069	\$	403,036.11	\$ 33.39	.264	\$ 1686.34	\$ 8.80
NURSE ANESTHESIST	38	494	\$	5,995.79	\$ 12.14	.011	\$ 157.78	\$.13
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$ 11.08	.000	\$ 33.24	\$.00
FAMILY NURSE PRACTITIONER	8	8	\$	231.60	\$ 28.95	.000	\$ 28.95	\$.01
@TOTAL HOSPITAL	6,797	40,975	\$	7,931,694.86	\$ 193.57	.895	\$ 1166.94	\$ 173.17
HOSP INPATIENT TOTAL	797	4,285		6,698,475.05	1563.24	.094	8404.61	146.25
HSC HOSPITALS	381	2,930		4,270,873.56	1457.64	.064	11209.64	93.25
NON-HSC HOSPITAL TOTAL	204	1,355		2,226,301.33	1643.03	.030	10913.24	48.61
ACCOMMODATIONS	204	1,355		658,306.43	485.84	.030	3226.99	14.37
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	1,352		657,612.53	486.40	.030	3239.47	14.36
ANCILLARIES	204	0		1,567,994.90	.00	.000	7686.25	34.23
INPATIENT CROSSOVERS	227	0		201,300.16	.00	.000	886.78	4.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,287	36,690		1,233,219.81	33.61	.801	196.15	26.93
MEDICAL	1,456	3,443		196,551.23	57.09	.075	134.99	4.29
SURGERY	464	558		45,732.21	81.96	.012	98.56	1.00
PATHOLOGY	2,047	10,417		124,334.71	11.94	.227	60.74	2.71
RADIOLOGY	1,717	2,694		238,470.35	88.52	.059	138.89	5.21
ROOM USE	2,563	4,013		167,282.47	41.69	.088	65.27	3.65

CROSSOVERS/ALL OTH OUTPTNT	3,299	15,565		460,848.84	29.61	.340	139.69	10.06
@COUNTY HOSPITAL TOTAL	37	123	\$	24,631.21	\$ 200.25	.003	\$ 665.71	\$.54
CO HOSPITAL INPATIENT TOTAL	4	24		22,151.01	922.96	.001	5537.75	.48
HSC HOSPITALS	1	3		3,300.00	1100.00	.000	3300.00	.07
NON-HSC HOSPITALS TOTAL	3	21		18,851.01	897.67	.000	6283.67	.41
ACCOMMODATIONS	3	21		10,141.20	482.91	.000	3380.40	.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21		10,141.20	482.91	.000	3380.40	.22
ANCILLARIES	3	0		8,709.81	.00	.000	2903.27	.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	99		2,480.20	25.05	.002	75.16	.05
MEDICAL	19	30		991.76	33.06	.001	52.20	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	17		116.49	6.85	.000	58.25	.00
RADIOLOGY	4	6		156.74	26.12	.000	39.19	.00
ROOM USE	22	24		896.53	37.36	.001	40.75	.02
CROSSOVERS/ALL OTH OUTPTNT	12	22		318.68	14.49	.000	26.56	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,307
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	45,802 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,770	40,852	\$	7,907,063.65	\$ 193.55	.892	\$ 1167.96	\$ 172.64
COMM HOSP INPATIENT TOTAL	795	4,261		6,676,324.04	1566.84	.093	8397.89	145.76
HSC HOSPITALS	380	2,927		4,267,573.56	1458.00	.064	11230.46	93.17
NON-HSC HOSPITALS TOTAL	202	1,334		2,207,450.32	1654.76	.029	10927.97	48.20
ACCOMMODATIONS	202	1,334		648,165.23	485.88	.029	3208.74	14.15
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	201	1,331		647,471.33	486.45	.029	3221.25	14.14
ANCILLARIES	202	0		1,559,285.09	.00	.000	7719.23	34.04
INPATIENT CROSSOVERS	227	0		201,300.16	.00	.000	886.78	4.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,262	36,591		1,230,739.61	33.64	.799	196.54	26.87
MEDICAL	1,439	3,413		195,559.47	57.30	.075	135.90	4.27
SURGERY	464	558		45,732.21	81.96	.012	98.56	1.00
PATHOLOGY	2,045	10,400		124,218.22	11.94	.227	60.74	2.71
RADIOLOGY	1,713	2,688		238,313.61	88.66	.059	139.12	5.20
ROOM USE	2,547	3,989		166,385.94	41.71	.087	65.33	3.63
CROSSOVERS/ALL OTH OUTPTNT	3,287	15,543		460,530.16	29.63	.339	140.11	10.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	616	17,106	\$	2,441,689.84	\$ 142.74	.373	\$ 3963.78	\$ 53.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	49	1,530		187,824.40	122.76	.033	3833.15	4.10
LEV B-SUBACUTE FREESTANDING	11	328		105,654.42	322.12	.007	9604.95	2.31
LEV B-SUBACUTE HSPTL BASED	11	516		266,879.20	517.21	.011	24261.75	5.83
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	548	14,732		1,881,331.82	127.70	.322	3433.09	41.08
@INTERMEDIATE CARE FACIL.-DD	559	17,325	\$	3,398,947.63	\$ 196.19	.378	\$ 6080.41	\$ 74.21
ICF DDH	64	1,922		307,967.28	160.23	.042	4811.99	6.72
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	495	15,403		3,090,980.35		200.67	.336	6244.40	67.49
@HEMODIALYSIS TOTAL	422	3,673	\$	332,031.41	\$	90.40	.080	\$ 786.80	\$ 7.25
HOSPITAL BASED	2	4		9,889.83		2472.46	.000	4944.92	.22
HEMODIALYSIS CENTER	420	3,669		322,141.58		87.80	.080	767.00	7.03
@REHABILITATION FACILITY	143	536	\$	17,203.67	\$	32.10	.012	\$ 120.31	\$.38
HOSPITAL BASED	137	510		16,812.52		32.97	.011	122.72	.37
INDEPENDENT FACILITY	6	26		391.15		15.04	.001	65.19	.01
@LABORATORY FACILITY	2,645	12,248	\$	128,757.44	\$	10.51	.267	\$ 48.68	\$ 2.81
PATHOLOGY	2,629	12,214		128,408.51		10.51	.267	48.84	2.80
XO AND OTHERS	16	34		348.93		10.26	.001	21.81	.01
@ORGANIZED OUTPATIENT CLINIC	9,771	16,793	\$	1,853,058.47	\$	110.35	.367	\$ 189.65	\$ 40.46
CLINIC	71	236		5,773.82		24.47	.005	81.32	.13
SURGICENTER	208	839		29,798.51		35.52	.018	143.26	.65
HEROIN DETOX CLINIC	13	139		1,555.52		11.19	.003	119.66	.03
RURAL HEALTH CLINIC	9,574	15,579		1,815,930.62		116.56	.340	189.67	39.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,308
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	45,802 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,501	1,278,276	\$	1,307,426.22	\$ 1.02	27.909	\$ 201.11	\$ 28.55
DURABLE MED. EQUIP.	684	2,150		284,871.67	132.50	.047	416.48	6.22
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	36	58		18,320.12	315.86	.001	508.89	.40
MEDICAL TRANSPORTATION	1,054	50,512		281,123.52	5.57	1.103	266.72	6.14
AMBULANCES/AIR TRANS	815	13,964		155,441.30	11.13	.305	190.73	3.39
OTHER TRANS	231	36,088		112,508.21	3.12	.788	487.05	2.46
OTHER SERVICES	55	460		13,174.01	28.64	.010	239.53	.29
ACUPUNCTURE	13	27		459.56	17.02	.001	35.35	.01
ADULT DAY HEALTH CARE CTR	102	1,377		95,445.91	69.31	.030	935.74	2.08
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	87	624		36,081.26	57.82	.014	414.73	.79
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,005	2,339		27,725.46	11.85	.051	27.59	.61
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	24	57		870.89	15.28	.001	36.29	.02
PROSTHETIST/ORTHOTISTS	88	342		41,223.78	120.54	.007	468.45	.90
PROSTHETICS	87	341		41,184.95	120.78	.007	473.39	.90
ORTHOTICS	1	1		38.83	38.83	.000	38.83	.00
PSYCHOLOGIST	11	38		1,878.99	49.45	.001	170.82	.04
SPEECH AND AUDIOLOGY	189	579		40,800.93	70.47	.013	215.88	.89
HOSPICE SERVICES	6	194		24,212.68	124.81	.004	4035.45	.53
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,021	50,912		209,567.03	4.12	1.112	205.26	4.58
EPSDT SUPPLEMENTAL SERVICE	6	1,135		28,284.20	24.92	.025	4714.03	.62
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,728	1,167,929		216,245.22	.19	25.500	79.27	4.72
@CALIF. CHILDREN SERVICES*	1,259	32,174	\$	2,989,582.19	\$ 92.92	.702	\$ 2374.57	\$ 65.27
@XOVER EXCLUDING STATE HOSP**	6,892	114,036	\$	1,035,865.99	\$ 9.08	2.490	\$ 150.30	\$ 22.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,309
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

308,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	139,154	761,438	\$ 38,912,115.90	\$ 51.10	2.472	\$ 279.63	\$ 126.32
@PHYSICIANS SERVICES	49,361	124,203	\$ 5,168,507.73	\$ 41.61	.403	\$ 104.71	\$ 16.78
OUTPATIENT VISITS	36,684	54,465	1,897,499.99	34.84	.177	51.73	6.16
OFFICE VISITS	27,371	35,791	1,090,729.26	30.47	.116	39.85	3.54
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	7,172	7,921	428,035.46	54.04	.026	59.68	1.39
PREVENTIVE CARE	24	25	1,063.77	42.55	.000	44.32	.00
OB VISITS/COMPRE PERI	2,589	9,506	341,374.75	35.91	.031	131.86	1.11
OTHER OUTPATIENT	1,056	1,221	36,243.07	29.68	.004	34.32	.12
INPATIENT VISITS	1,871	6,276	407,285.14	64.90	.020	217.68	1.32
HOSPITAL VISITS	1,759	4,722	214,498.87	45.43	.015	121.94	.70
CRITICAL CARE	171	1,413	188,291.07	133.26	.005	1101.12	.61
SNF/ICF/TRANS IP CARE	12	141	4,495.20	31.88	.000	374.60	.01
OPHTHALMOLOGICAL SERVICES	1,028	1,163	51,509.33	44.29	.004	50.11	.17
EXAMINATIONS	1,016	1,151	51,279.33	44.55	.004	50.47	.17
SERVICES AND MATERIALS	12	12	230.00	19.17	.000	19.17	.00
INPATIENT HOSPITAL SURGERY	2,012	5,645	1,190,123.06	210.83	.018	591.51	3.86
PRINCIPAL SURGEON	1,515	1,865	1,053,409.76	564.83	.006	695.32	3.42
ASSISTANT SURGEON	249	247	42,145.38	170.63	.001	169.26	.14
ANESTHESIOLOGIST	517	3,533	94,567.92	26.77	.011	182.92	.31
OUTPATIENT SURGERY	2,887	6,242	447,574.74	71.70	.020	155.03	1.45
PRINCIPAL SURGEON	2,408	2,952	370,570.72	125.53	.010	153.89	1.20
ASSISTANT SURGEON	18	18	3,059.12	169.95	.000	169.95	.01
ANESTHESIOLOGIST	699	3,272	73,944.90	22.60	.011	105.79	.24
DIALYSIS	41	125	10,658.92	85.27	.000	259.97	.03
PATHOLOGY	7,171	11,676	157,780.31	13.51	.038	22.00	.51
RADIOLOGY	9,018	13,263	406,916.04	30.68	.043	45.12	1.32
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00

IMMUNIZATION AND INJECTION	1,318	4,644		243,708.88		52.48	.015	184.91	.79
OTHER SERVICES/ALL X-OVERS	5,833	20,700		355,242.58		17.16	.067	60.90	1.15
@PHARMACY	71,141	208,822	\$	8,195,310.95	\$	39.25	.678	\$ 115.20	\$ 26.61
PRESCRIPTION DRUGS	70,461	181,925		7,959,223.39		43.75	.591	112.96	25.84
SNF/ICF	35	189		14,043.18		74.30	.001	401.23	.05
OUTPATIENTS	70,436	181,736		7,945,180.21		43.72	.590	112.80	25.79
MEDICAL SUPPLIES	3,210	26,897		236,087.56		8.78	.087	73.55	.77
@DENTIST	16,923	101,652	\$	2,340,588.98	\$	23.03	.330	\$ 138.31	\$ 7.60
VISITS - DIAGNOSTIC	11,670	75,708		801,438.52		10.59	.246	68.68	2.60
ORAL SURGERY	2,542	4,511		269,192.98		59.67	.015	105.90	.87
DRUGS	351	603		10,903.75		18.08	.002	31.06	.04
ANESTHESIA	133	136		13,300.00		97.79	.000	100.00	.04
PERIODONTICS	808	844		70,408.50		83.42	.003	87.14	.23
ENDODONTICS	1,021	1,791		225,598.25		125.96	.006	220.96	.73
RESTORATIVE DENTISTRY	6,267	15,917		807,986.60		50.76	.052	128.93	2.62
PROSTHETICS	48	52		1,290.00		24.81	.000	26.88	.00
DENTURES, STAYPLATES	144	510		44,142.71		86.55	.002	306.55	.14
SPACE MAINTAINERS	115	158		16,454.00		104.14	.001	143.08	.05
MAXILLOFACIAL SERVICES	130	131		12,646.17		96.54	.000	97.28	.04
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	.00
ORTHODONTIC SERVICES	683	782		62,277.50		79.64	.003	91.18	.20
ALL OTHER SERVICES	328	508		3,750.00		7.38	.002	11.43	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,310 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES									

308,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@OPTOMETRIST	2,026	5,196	\$ 118,927.03	\$ 22.89	.017	\$ 58.70	\$.39
DIAGNOSTIC AND ANC. PROCED	1,494	1,727	67,386.42	39.02	.006	45.10	.22
EYE APPLIANCES	1,276	3,451	50,962.99	14.77	.011	39.94	.17
OTHER OPTOMETRIC SERVICES	17	18	577.62	32.09	.000	33.98	.00
@CHIROPRACTOR	950	1,505	\$ 25,125.16	\$ 16.69	.005	\$ 26.45	\$.08
VISITS	948	1,503	25,091.72	16.69	.005	26.47	.08
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	394	483	\$ 15,954.88	\$ 33.03	.002	\$ 40.49	\$.05
MEDICINE/INJECTIONS	386	455	14,265.14	31.35	.001	36.96	.05
SURGERY/ANES.	6	6	907.88	151.31	.000	151.31	.00
RADIO./PATHOLOGY	12	13	227.50	17.50	.000	18.96	.00
OTHER	8	9	554.36	61.60	.000	69.30	.00
@HOME HEALTH AGENCY	101	648	\$ 36,118.54	\$ 55.74	.002	\$ 357.61	\$.12
NURSE ANESTHESIST	65	1,076	\$ 13,422.79	\$ 12.47	.003	\$ 206.50	\$.04
NURSE MIDWIFE	10	15	\$ 2,253.27	\$ 150.22	.000	\$ 225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	27	\$ 556.20	\$ 20.60	.000	\$ 37.08	\$.00
@TOTAL HOSPITAL	21,243	80,952	\$ 12,405,353.51	\$ 153.24	.263	\$ 583.97	\$ 40.27
HOSP INPATIENT TOTAL	2,059	8,186	10,150,420.64	1239.97	.027	4929.78	32.95
HSC HOSPITALS	1,213	4,629	7,252,901.04	1566.84	.015	5979.31	23.55
NON-HSC HOSPITAL TOTAL	857	3,557	2,894,891.60	813.86	.012	3377.94	9.40
ACCOMMODATIONS	857	3,557	1,061,331.96	298.38	.012	1238.43	3.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	857	3,557	1,061,331.96	298.38	.012	1238.43	3.45
ANCILLARIES	856	0	1,833,559.64	.00	.000	2142.01	5.95
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	19,837	72,766	2,254,932.87	30.99	.236	113.67	7.32
MEDICAL	4,454	6,293	291,323.64	46.29	.020	65.41	.95
SURGERY	1,981	2,504	161,207.25	64.38	.008	81.38	.52
PATHOLOGY	6,895	24,807	280,956.76	11.33	.081	40.75	.91
RADIOLOGY	5,752	7,758	578,679.20	74.59	.025	100.60	1.88
ROOM USE	11,786	15,209	613,285.30	40.32	.049	52.04	1.99
CROSSOVERS/ALL OTH OUTPTNT	7,558	16,195	329,480.72	20.34	.053	43.59	1.07
@COUNTY HOSPITAL TOTAL	95	406	\$ 56,419.47	\$ 138.96	.001	\$ 593.89	\$.18
CO HOSPITAL INPATIENT TOTAL	10	36	45,082.06	1252.28	.000	4508.21	.15
HSC HOSPITALS	10	36	45,082.06	1252.28	.000	4508.21	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	89	370	11,337.41	30.64	.001	127.39	.04
MEDICAL	30	43	1,724.87	40.11	.000	57.50	.01
SURGERY	10	13	464.26	35.71	.000	46.43	.00
PATHOLOGY	28	127	1,993.69	15.70	.000	71.20	.01
RADIOLOGY	18	29	1,562.79	53.89	.000	86.82	.01
ROOM USE	64	85	3,498.38	41.16	.000	54.66	.01
CROSSOVERS/ALL OTH OUTPTNT	39	73	2,093.42	28.68	.000	53.68	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,311
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
308,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	21,158	80,546	\$ 12,348,934.04	\$ 153.32	.261	\$ 583.65	\$ 40.09	
COMM HOSP INPATIENT TOTAL	2,049	8,150	10,105,338.58	1239.92	.026	4931.84	32.81	
HSC HOSPITALS	1,203	4,593	7,207,818.98	1569.31	.015	5991.54	23.40	
NON-HSC HOSPITALS TOTAL	857	3,557	2,894,891.60	813.86	.012	3377.94	9.40	
ACCOMMODATIONS	857	3,557	1,061,331.96	298.38	.012	1238.43	3.45	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	857	3,557	1,061,331.96	298.38	.012	1238.43	3.45	
ANCILLARIES	856	0	1,833,559.64	.00	.000	2142.01	5.95	
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	19,755	72,396	2,243,595.46	30.99	.235	113.57	7.28	
MEDICAL	4,425	6,250	289,598.77	46.34	.020	65.45	.94	
SURGERY	1,971	2,491	160,742.99	64.53	.008	81.55	.52	
PATHOLOGY	6,869	24,680	278,963.07	11.30	.080	40.61	.91	
RADIOLOGY	5,734	7,729	577,116.41	74.67	.025	100.65	1.87	
ROOM USE	11,724	15,124	609,786.92	40.32	.049	52.01	1.98	
CROSSOVERS/ALL OTH OUTPTNT	7,520	16,122	327,387.30	20.31	.052	43.54	1.06	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	18	673	\$ 169,673.52	\$ 252.12	.002	\$ 9426.31	\$.55	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	12	359	123,808.33	344.87	.001	10317.36	.40	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	314		45,865.19	146.07	.001	7644.20	.15
@INTERMEDIATE CARE FACIL.-DD	5	209	\$	41,146.60	196.87	.001	\$ 8229.32	\$.13
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	5	209		41,146.60	196.87	.001	8229.32	.13
@HEMODIALYSIS TOTAL	85	1,497	\$	122,840.48	82.06	.005	\$ 1445.18	\$.40
HOSPITAL BASED	1	2		5,228.04	2614.02	.000	5228.04	.02
HEMODIALYSIS CENTER	84	1,495		117,612.44	78.67	.005	1400.15	.38
@REHABILITATION FACILITY	234	744	\$	25,876.38	34.78	.002	\$ 110.58	\$.08
HOSPITAL BASED	233	743		25,855.19	34.80	.002	110.97	.08
INDEPENDENT FACILITY	1	1		21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	8,747	33,229	\$	433,642.31	13.05	.108	\$ 49.58	\$ 1.41
PATHOLOGY	8,698	33,152		429,206.20	12.95	.108	49.35	1.39
XO AND OTHERS	76	77		4,436.11	57.61	.000	58.37	.01
@ORGANIZED OUTPATIENT CLINIC	39,842	64,718	\$	9,216,162.93	142.40	.210	\$ 231.32	\$ 29.92
CLINIC	2,290	8,645		218,818.39	25.31	.028	95.55	.71
SURGICENTER	404	1,760		73,293.73	41.64	.006	181.42	.24
HEROIN DETOX CLINIC	17	172		1,985.95	11.55	.001	116.82	.01
RURAL HEALTH CLINIC	37,793	54,141		8,922,064.86	164.79	.176	236.08	28.96
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL FAMILIES

						----- MONTHLY AVERAGE -----		
308,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	10,224	135,789	\$ 580,654.64	\$ 4.28	.441	\$ 56.79	\$ 1.89	
DURABLE MED. EQUIP.	183	443	30,507.60	68.87	.001	166.71	.10	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	817.29	817.29	.000	817.29	.00	
MEDICAL TRANSPORTATION	1,268	21,731	219,256.94	10.09	.071	172.92	.71	
AMBULANCES/AIR TRANS	1,257	19,087	187,653.26	9.83	.062	149.29	.61	
OTHER TRANS	13	2,606	8,431.32	3.24	.008	648.56	.03	
OTHER SERVICES	21	38	23,172.36	609.80	.000	1103.45	.08	
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00	
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.000	139.16	.00	
GENETIC DISEASE TESTING	583	585	61,425.00	105.00	.002	105.36	.20	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,421	5,221	50,020.82	9.58	.017	20.66	.16	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	91	138	9,061.59	65.66	.000	99.58	.03	
PROSTHETICS	90	137	9,017.51	65.82	.000	100.19	.03	
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00	
PSYCHOLOGIST	22	92	5,006.12	54.41	.000	227.55	.02	
SPEECH AND AUDIOLOGY	29	65	5,516.98	84.88	.000	190.24	.02	
HOSPICE SERVICES	2	10	1,250.70	125.07	.000	625.35	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5,417	19,781	180,033.43	9.10	.064	33.23	.58	
EPSDT SUPPLEMENTAL SERVICE	1	20	566.15	28.31	.000	566.15	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	322	87,696	16,977.17	.19	.285	52.72	.06	
@CALIF. CHILDREN SERVICES*	932	34,929	\$ 2,459,433.66	\$ 70.41	.113	\$ 2638.88	\$ 7.98	

@XOVER EXCLUDING STATE HOSP** 246 875 \$ 45,919.05 \$ 52.48 .003 \$ 186.66 \$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,313

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	14,402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		10,094	43,713	\$ 3,134,475.46	\$ 71.71	3.035	\$ 310.53	\$ 217.64
@PHYSICIANS SERVICES		3,730	9,062	\$ 403,967.22	\$ 44.58	.629	\$ 108.30	\$ 28.05
OUTPATIENT VISITS		2,877	4,775	153,242.46	32.09	.332	53.26	10.64
OFFICE VISITS		2,211	2,832	84,053.76	29.68	.197	38.02	5.84
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		433	482	28,078.07	58.25	.033	64.85	1.95
PREVENTIVE CARE		6	6	306.73	51.12	.000	51.12	.02
OB VISITS/COMPRE PERI		259	1,329	36,893.54	27.76	.092	142.45	2.56
OTHER OUTPATIENT		90	126	3,910.36	31.03	.009	43.45	.27
INPATIENT VISITS		326	959	64,355.76	67.11	.067	197.41	4.47
HOSPITAL VISITS		303	749	37,260.84	49.75	.052	122.97	2.59
CRITICAL CARE		16	181	26,201.78	144.76	.013	1637.61	1.82
SNF/ICF/TRANS IP CARE		12	29	893.14	30.80	.002	74.43	.06
OPHTHALMOLOGICAL SERVICES		71	78	3,746.98	48.04	.005	52.77	.26
EXAMINATIONS		71	78	3,746.98	48.04	.005	52.77	.26
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		184	617	105,620.26	171.18	.043	574.02	7.33
PRINCIPAL SURGEON		131	167	90,549.82	542.21	.012	691.22	6.29
ASSISTANT SURGEON		17	17	3,734.37	219.67	.001	219.67	.26
ANESTHESIOLOGIST		63	433	11,336.07	26.18	.030	179.94	.79
OUTPATIENT SURGERY		134	234	16,212.76	69.29	.016	120.99	1.13
PRINCIPAL SURGEON		114	134	13,258.13	98.94	.009	116.30	.92
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		27	100	2,954.63	29.55	.007	109.43	.21
DIALYSIS		2	17	1,226.72	72.16	.001	613.36	.09
PATHOLOGY		374	616	7,778.41	12.63	.043	20.80	.54
RADIOLOGY		528	807	25,127.96	31.14	.056	47.59	1.74
PSYCHIATRY		1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION		54	66	2,409.85	36.51	.005	44.63	.17
OTHER SERVICES/ALL X-OVERS		369	892	24,222.84	27.16	.062	65.64	1.68
@PHARMACY		4,656	12,826	\$ 426,568.85	\$ 33.26	.891	\$ 91.62	\$ 29.62
PRESCRIPTION DRUGS		4,629	10,701	410,942.30	38.40	.743	88.78	28.53
SNF/ICF		28	249	38,289.91	153.77	.017	1367.50	2.66
OUTPATIENTS		4,603	10,452	372,652.39	35.65	.726	80.96	25.88
MEDICAL SUPPLIES		226	2,125	15,626.55	7.35	.148	69.14	1.09
@DENTIST		733	6,149	\$ 140,941.55	\$ 22.92	.427	\$ 192.28	\$ 9.79
VISITS - DIAGNOSTIC		531	4,474	48,887.80	10.93	.311	92.07	3.39
ORAL SURGERY		101	254	16,117.50	63.45	.018	159.58	1.12
DRUGS		18	41	755.00	18.41	.003	41.94	.05
ANESTHESIA		11	10	1,000.00	100.00	.001	90.91	.07
PERIODONTICS		10	12	668.00	55.67	.001	66.80	.05
ENDODONTICS		59	138	12,617.00	91.43	.010	213.85	.88
RESTORATIVE DENTISTRY		293	1,122	53,702.85	47.86	.078	183.29	3.73
PROSTHETICS		1	2	60.00	30.00	.000	60.00	.00
DENTURES, STAYPLATES		0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS		8	9	853.00	94.78	.001	106.63	.06

MAXILLOFACIAL SERVICES	4	6	610.40	101.73	.000	152.60	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	40	61	5,445.00	89.26	.004	136.13	.38
ALL OTHER SERVICES	16	20	225.00	11.25	.001	14.06	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,314
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

14,402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	85	213	\$ 4,994.62	\$ 23.45	.015	\$ 58.76	\$.35
DIAGNOSTIC AND ANC. PROCED	66	71	2,980.55	41.98	.005	45.16	.21
EYE APPLIANCES	48	142	2,014.07	14.18	.010	41.96	.14
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	16	22	\$ 367.84	\$ 16.72	.002	\$ 22.99	\$.03
VISITS	16	22	367.84	16.72	.002	22.99	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	10	\$ 375.01	\$ 37.50	.001	\$ 37.50	\$.03
MEDICINE/INJECTIONS	10	10	375.01	37.50	.001	37.50	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	126	\$ 4,148.28	\$ 32.92	.009	\$ 691.38	\$.29
NURSE ANESTHESIST	2	53	617.56	11.65	.004	308.78	.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	10	270.34	27.03	.001	30.04	.02
@TOTAL HOSPITAL	1,441	5,846	\$ 1,393,597.18	\$ 238.38	.406	\$ 967.10	\$ 96.76
HOSP INPATIENT TOTAL	199	835	1,252,913.40	1500.50	.058	6296.05	87.00
HSC HOSPITALS	162	678	1,139,330.69	1680.43	.047	7032.91	79.11
NON-HSC HOSPITAL TOTAL	38	157	113,582.71	723.46	.011	2989.02	7.89
ACCOMMODATIONS	38	157	44,519.28	283.56	.011	1171.56	3.09

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	157	44,519.28	283.56	.011	1171.56	3.09
ANCILLARIES	38	0	69,063.43	.00	.000	1817.46	4.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,293	5,011	140,683.78	28.07	.348	108.80	9.77
MEDICAL	267	443	22,342.89	50.44	.031	83.68	1.55
SURGERY	111	154	7,206.41	46.79	.011	64.92	.50
PATHOLOGY	536	1,832	19,344.28	10.56	.127	36.09	1.34
RADIOLOGY	318	418	29,953.35	71.66	.029	94.19	2.08
ROOM USE	740	967	38,922.07	40.25	.067	52.60	2.70
CROSSOVERS/ALL OTH OUTPTNT	470	1,197	22,914.78	19.14	.083	48.75	1.59
@COUNTY HOSPITAL TOTAL	15	76	\$ 4,727.65	\$ 62.21	.005	\$ 315.18	\$.33
CO HOSPITAL INPATIENT TOTAL	2	2	2,700.01	1350.01	.000	1350.01	.19
HSC HOSPITALS	2	2	2,700.01	1350.01	.000	1350.01	.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	74	2,027.64	27.40	.005	144.83	.14
MEDICAL	5	7	415.19	59.31	.000	83.04	.03
SURGERY	1	1	6.28	6.28	.000	6.28	.00
PATHOLOGY	9	28	406.01	14.50	.002	45.11	.03
RADIOLOGY	3	4	127.00	31.75	.000	42.33	.01
ROOM USE	11	18	790.20	43.90	.001	71.84	.05
CROSSOVERS/ALL OTH OUTPTNT	9	16	282.96	17.69	.001	31.44	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	14,402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,429	5,770	\$	1,388,869.53	\$ 240.71	.401	\$ 971.92	\$ 96.44
COMM HOSP INPATIENT TOTAL	197	833		1,250,213.39	1500.86	.058	6346.26	86.81
HSC HOSPITALS	160	676		1,136,630.68	1681.41	.047	7103.94	78.92
NON-HSC HOSPITALS TOTAL	38	157		113,582.71	723.46	.011	2989.02	7.89
ACCOMMODATIONS	38	157		44,519.28	283.56	.011	1171.56	3.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	157		44,519.28	283.56	.011	1171.56	3.09
ANCILLARIES	38	0		69,063.43	.00	.000	1817.46	4.80
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,282	4,937		138,656.14	28.09	.343	108.16	9.63
MEDICAL	263	436		21,927.70	50.29	.030	83.38	1.52
SURGERY	110	153		7,200.13	47.06	.011	65.46	.50
PATHOLOGY	528	1,804		18,938.27	10.50	.125	35.87	1.31
RADIOLOGY	315	414		29,826.35	72.04	.029	94.69	2.07
ROOM USE	731	949		38,131.87	40.18	.066	52.16	2.65
CROSSOVERS/ALL OTH OUTPTNT	463	1,181		22,631.82	19.16	.082	48.88	1.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	22	1,048	\$	203,967.70	\$ 194.63	.073	\$ 9271.26	\$ 14.16
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	165		88,965.36	539.18	.011	29655.12	6.18
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	883		115,002.34	130.24	.061	6052.75	7.99
@INTERMEDIATE CARE FACIL.-DD	1	16	\$	6,793.28	\$ 424.58	.001	\$ 6793.28	\$.47
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	16		6,793.28	424.58	.001	6793.28	.47
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	28	\$	1,558.37	\$ 55.66	.002	\$ 91.67	\$.11
HOSPITAL BASED	17	28		1,558.37	55.66	.002	91.67	.11
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	425	1,306	\$	18,835.23	\$ 14.42	.091	\$ 44.32	\$ 1.31
PATHOLOGY	425	1,304		18,716.23	14.35	.091	44.04	1.30
XO AND OTHERS	2	2		119.00	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	2,561	3,759	\$	481,692.18	\$ 128.14	.261	\$ 188.09	\$ 33.45
CLINIC	94	413		9,437.72	22.85	.029	100.40	.66
SURGICENTER	7	32		1,169.40	36.54	.002	167.06	.08
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,473	3,314		471,085.06	142.15	.230	190.49	32.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,316
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	14,402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	375	3,239	\$	45,780.25	\$ 14.13	.225	\$ 122.08	\$ 3.18
DURABLE MED. EQUIP.	6	6		1,426.82	237.80	.000	237.80	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	107	2,401		32,071.60	13.36	.167	299.73	2.23
AMBULANCES/AIR TRANS	106	2,345		24,796.37	10.57	.163	233.93	1.72
OTHER TRANS	1	52		75.23	1.45	.004	75.23	.01
OTHER SERVICES	4	4		7,200.00	1800.00	.000	1800.00	.50
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43		4,515.00	105.00	.003	105.00	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	125	272		3,901.09	14.34	.019	31.21	.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	2	2		122.18	61.09	.000	61.09	.01
PROSTHETICS	2	2		122.18	61.09	.000	61.09	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	85	305	3,506.11	11.50	.021	41.25	.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.014	19.69	.01
@CALIF. CHILDREN SERVICES*	130	4,388	\$ 714,596.22	\$ 162.85	.305	\$ 5496.89	\$ 49.62
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,317
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	25	\$ 8,102.95	\$ 324.12	12.500	\$ 810.30	\$ 4051.48
@PHYSICIANS SERVICES	5	5	\$ 186.46	\$ 37.29	2.500	\$ 37.29	\$ 93.23
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	186.46	37.29	2.500	37.29	93.23
@PHARMACY	8	18	\$ 7,200.61	\$ 400.03	9.000	\$ 900.08	\$ 3600.31
PRESCRIPTION DRUGS	8	18	7,200.61	400.03	9.000	900.08	3600.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	18	7,200.61	400.03	9.000	900.08	3600.31
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	715.88	\$	357.94	1.000	\$ 357.94	\$ 357.94
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		715.88		357.94	1.000	357.94	357.94
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,320
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	6	\$ 874.52	\$ 145.75	3.000	\$ 218.63	\$ 437.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,321

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,322
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,323
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,324
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 6,325
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MADERA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.000		.00
EYE APPLIANCES	0	0		.00		.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.000		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00		.000		.00
OTHER SERVICES	0	0		.00		.000		.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000		.00
SURGERY/ANES.	0	0		.00		.000		.00
RADIO./PATHOLOGY	0	0		.00		.000		.00
OTHER	0	0		.00		.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,327
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,328
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00	.00
BLOOD BANK	0	0		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00	.00
OTHER TRANS	0	0		.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00	.00
OPTICIAN	0	0		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00	.00
PROSTHETICS	0	0		.00	.000		.00	.00
ORTHOTICS	0	0		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,329
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	6,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		2,777	16,234	\$ 2,076,362.47	\$ 127.90	2.615	\$ 747.70	\$ 334.52
@PHYSICIANS SERVICES		1,240	4,068	\$ 320,356.93	\$ 78.75	.655	\$ 258.35	\$ 51.61
OUTPATIENT VISITS		734	1,689	84,816.28	50.22	.272	115.55	13.66
OFFICE VISITS		135	161	5,807.62	36.07	.026	43.02	.94
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		180	201	12,392.93	61.66	.032	68.85	2.00
PREVENTIVE CARE		1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI		468	1,316	66,248.21	50.34	.212	141.56	10.67
OTHER OUTPATIENT		9	10	332.83	33.28	.002	36.98	.05
INPATIENT VISITS		185	483	26,345.03	54.54	.078	142.41	4.24
HOSPITAL VISITS		167	395	16,304.93	41.28	.064	97.63	2.63
CRITICAL CARE		13	76	9,680.40	127.37	.012	744.65	1.56
SNF/ICF/TRANS IP CARE		9	12	359.70	29.98	.002	39.97	.06
OPHTHALMOLOGICAL SERVICES		1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS		1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		320	763	173,969.86	228.01	.123	543.66	28.03
PRINCIPAL SURGEON		250	280	153,954.82	549.84	.045	615.82	24.80
ASSISTANT SURGEON		44	43	7,657.92	178.09	.007	174.04	1.23
ANESTHESIOLOGIST		70	440	12,357.12	28.08	.071	176.53	1.99
OUTPATIENT SURGERY		53	108	5,370.04	49.72	.017	101.32	.87
PRINCIPAL SURGEON		49	62	4,664.31	75.23	.010	95.19	.75

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	46	705.73	15.34	.007	70.57	.11
DIALYSIS	4	5	1,125.20	225.04	.001	281.30	.18
PATHOLOGY	225	376	6,517.37	17.33	.061	28.97	1.05
RADIOLOGY	288	443	14,107.04	31.84	.071	48.98	2.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	33	36	1,526.45	42.40	.006	46.26	.25
OTHER SERVICES/ALL X-OVERS	115	164	6,533.22	39.84	.026	56.81	1.05
@PHARMACY	1,113	2,633	\$ 119,829.85	\$ 45.51	.424	\$ 107.66	\$ 19.31
PRESCRIPTION DRUGS	1,098	2,538	114,976.21	45.30	.409	104.71	18.52
SNF/ICF	18	119	4,544.07	38.19	.019	252.45	.73
OUTPATIENTS	1,080	2,419	110,432.14	45.65	.390	102.25	17.79
MEDICAL SUPPLIES	54	95	4,853.64	51.09	.015	89.88	.78
@DENTIST	47	212	\$ 1,964.60	\$ 9.27	.034	\$ 41.80	\$.32
VISITS - DIAGNOSTIC	37	161	916.60	5.69	.026	24.77	.15
ORAL SURGERY	17	19	1,000.00	52.63	.003	58.82	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	27	48.00	1.78	.004	4.80	.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,330
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

6,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.000	\$ 104.99	\$.02
NURSE ANESTHESIST	3	34	\$ 567.81	\$ 16.70	.005	\$ 189.27	\$.09
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	954	3,814	\$ 1,138,765.83	\$ 298.58	.614	\$ 1193.67	\$ 183.46
HOSP INPATIENT TOTAL	248	1,017	1,075,306.86	1057.33	.164	4335.91	173.24
HSC HOSPITALS	133	453	618,454.42	1365.24	.073	4650.03	99.64
NON-HSC HOSPITAL TOTAL	118	564	456,852.44	810.02	.091	3871.63	73.60
ACCOMMODATIONS	118	564	161,936.95	287.12	.091	1372.35	26.09

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	118	564	161,936.95	287.12	.091	1372.35	26.09
ANCILLARIES	118	0	294,915.49	.00	.000	2499.28	47.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	795	2,797	63,458.97	22.69	.451	79.82	10.22
MEDICAL	54	73	2,626.39	35.98	.012	48.64	.42
SURGERY	51	79	2,292.00	29.01	.013	44.94	.37
PATHOLOGY	411	1,429	14,710.15	10.29	.230	35.79	2.37
RADIOLOGY	142	172	12,775.75	74.28	.028	89.97	2.06
ROOM USE	359	500	18,738.79	37.48	.081	52.20	3.02
CROSSOVERS/ALL OTH OUTPTNT	339	544	12,315.89	22.64	.088	36.33	1.98
@COUNTY HOSPITAL TOTAL	11	90	\$ 73,948.50	\$ 821.65	.014	\$ 6722.59	\$ 11.91
CO HOSPITAL INPATIENT TOTAL	6	73	73,565.01	1007.74	.012	12260.84	11.85
HSC HOSPITALS	6	73	73,565.01	1007.74	.012	12260.84	11.85
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	17	383.49	22.56	.003	63.92	.06
MEDICAL	1	1	64.47	64.47	.000	64.47	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	89.45	11.18	.001	29.82	.01
RADIOLOGY	1	2	45.47	22.74	.000	45.47	.01
ROOM USE	2	2	88.15	44.08	.000	44.08	.01
CROSSOVERS/ALL OTH OUTPTNT	4	4	95.95	23.99	.001	23.99	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,331
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	6,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	943	3,724	\$	1,064,817.33	\$ 285.93	.600	\$ 1129.18	\$ 171.55
COMM HOSP INPATIENT TOTAL	242	944		1,001,741.85	1061.17	.152	4139.43	161.39
HSC HOSPITALS	127	380		544,889.41	1433.92	.061	4290.47	87.79
NON-HSC HOSPITALS TOTAL	118	564		456,852.44	810.02	.091	3871.63	73.60
ACCOMMODATIONS	118	564		161,936.95	287.12	.091	1372.35	26.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	118	564		161,936.95	287.12	.091	1372.35	26.09
ANCILLARIES	118	0		294,915.49	.00	.000	2499.28	47.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	789	2,780		63,075.48	22.69	.448	79.94	10.16
MEDICAL	53	72		2,561.92	35.58	.012	48.34	.41
SURGERY	51	79		2,292.00	29.01	.013	44.94	.37
PATHOLOGY	408	1,421		14,620.70	10.29	.229	35.84	2.36
RADIOLOGY	141	170		12,730.28	74.88	.027	90.29	2.05
ROOM USE	357	498		18,650.64	37.45	.080	52.24	3.00
CROSSOVERS/ALL OTH OUTPTNT	335	540		12,219.94	22.63	.087	36.48	1.97
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	493	\$	60,453.08	\$ 122.62	.079	\$ 4650.24	\$ 9.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	13	493		60,453.08	122.62	.079	4650.24	9.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	35	\$	22,266.57	\$ 636.19	.006	\$ 2024.23	\$ 3.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	35		22,266.57	636.19	.006	2024.23	3.59
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	560	1,702	\$	27,627.16	\$ 16.23	.274	\$ 49.33	\$ 4.45
PATHOLOGY	557	1,698		27,389.16	16.13	.274	49.17	4.41
XO AND OTHERS	4	4		238.00	59.50	.001	59.50	.04
@ORGANIZED OUTPATIENT CLINIC	1,050	2,388	\$	361,007.53	\$ 151.18	.385	\$ 343.82	\$ 58.16
CLINIC	185	374		21,307.87	56.97	.060	115.18	3.43
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	988	2,014		339,699.66	168.67	.324	343.83	54.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,332
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	6,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	190	853	\$	23,418.12	\$ 27.45	.137	\$ 123.25	\$ 3.77
DURABLE MED. EQUIP.	2	2		288.57	144.29	.000	144.29	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	717		9,175.39	12.80	.116	158.20	1.48
AMBULANCES/AIR TRANS	57	715		8,209.26	11.48	.115	144.02	1.32
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		966.13	483.07	.000	483.07	.16
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	130	132		13,860.00	105.00	.021	106.62	2.23
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		94.16	47.08	.000	94.16	.02
PROSTHETICS	1	2		94.16	47.08	.000	94.16	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	30	1,775	\$ 99,501.34	\$ 56.06	.286	\$ 3316.71	\$ 16.03
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,333
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2	2	\$ 194.96	\$ 97.48	.154	\$ 97.48	\$ 15.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,334
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,335
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSTOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 194.96	\$ 97.48	.154	\$ 97.48	\$ 15.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	194.96	97.48	.154	97.48	15.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,336
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,337

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	201	5,936	\$ 226,111.33	\$ 38.09	57.077	\$ 1124.93	\$ 2174.15
@PHYSICIANS SERVICES	127	4,304	\$ 124,949.86	\$ 29.03	41.385	\$ 983.86	\$ 1201.44
OUTPATIENT VISITS	90	183	4,718.69	25.79	1.760	52.43	45.37
OFFICE VISITS	86	178	4,401.87	24.73	1.712	51.18	42.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	289.38	72.35	.038	72.35	2.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.010	27.44	.26
INPATIENT VISITS	1	1	4.85	4.85	.010	4.85	.05
HOSPITAL VISITS	1	1	4.85	4.85	.010	4.85	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	72.29	36.15	.019	36.15	.70
EXAMINATIONS	2	2	72.29	36.15	.019	36.15	.70
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	24	1,543.34	64.31	.231	308.67	14.84
PRINCIPAL SURGEON	3	3	1,109.87	369.96	.029	369.96	10.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21	433.47	20.64	.202	216.74	4.17
OUTPATIENT SURGERY	17	42	2,529.24	60.22	.404	148.78	24.32
PRINCIPAL SURGEON	14	25	2,101.23	84.05	.240	150.09	20.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	428.01	25.18	.163	107.00	4.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	61	341	3,781.24	11.09	3.279	61.99	36.36
RADIOLOGY	47	237	17,083.48	72.08	2.279	363.48	164.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	34	3,239	90,731.13	28.01	31.144	2668.56	872.41
OTHER SERVICES/ALL X-OVERS	47	235	4,485.60	19.09	2.260	95.44	43.13
@PHARMACY	122	387	\$ 27,985.09	\$ 72.31	3.721	\$ 229.39	\$ 269.09
PRESCRIPTION DRUGS	122	387	27,985.09	72.31	3.721	229.39	269.09
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	122	387	27,985.09	72.31	3.721	229.39	269.09

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	10	85	\$	3,393.00	\$ 39.92	.817	\$ 339.30	\$ 32.63
VISITS - DIAGNOSTIC	6	54		412.00	7.63	.519	68.67	3.96
ORAL SURGERY	2	2		130.00	65.00	.019	65.00	1.25
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		173.00	86.50	.019	86.50	1.66
ENDODONTICS	1	2		520.00	260.00	.019	520.00	5.00
RESTORATIVE DENTISTRY	7	25		2,158.00	86.32	.240	308.29	20.75
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,338	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P	

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 230.30	\$ 25.59	.087	\$ 57.58	\$ 2.21
DIAGNOSTIC AND ANC. PROCED	3	3	134.34	44.78	.029	44.78	1.29
EYE APPLIANCES	2	6	95.96	15.99	.058	47.98	.92
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	70	948	\$ 56,011.24	\$ 59.08	9.115	\$ 800.16	\$ 538.57
HOSP INPATIENT TOTAL	5	10	11,814.41	1181.44	.096	2362.88	113.60
HSC HOSPITALS	4	7	6,257.00	893.86	.067	1564.25	60.16
NON-HSC HOSPITAL TOTAL	1	3	5,557.41	1852.47	.029	5557.41	53.44
ACCOMMODATIONS	1	3	956.25	318.75	.029	956.25	9.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	956.25	318.75	.029	956.25	9.19
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	44.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	938	44,196.83	47.12	9.019	649.95	424.97
MEDICAL	6	10	340.67	34.07	.096	56.78	3.28
SURGERY	5	5	341.02	68.20	.048	68.20	3.28
PATHOLOGY	26	118	1,558.18	13.20	1.135	59.93	14.98
RADIOLOGY	42	238	19,233.08	80.81	2.288	457.93	184.93
ROOM USE	33	57	2,664.27	46.74	.548	80.74	25.62

CROSSOVERS/ALL OTH OUTPTNT	19	510		20,059.61	39.33	4.904	1055.77	192.88
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,339
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	948	\$ 56,011.24	\$ 59.08	9.115	\$ 800.16	\$ 538.57
COMM HOSP INPATIENT TOTAL	5	10	11,814.41	1181.44	.096	2362.88	113.60
HSC HOSPITALS	4	7	6,257.00	893.86	.067	1564.25	60.16
NON-HSC HOSPITALS TOTAL	1	3	5,557.41	1852.47	.029	5557.41	53.44
ACCOMMODATIONS	1	3	956.25	318.75	.029	956.25	9.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	3	956.25	318.75	.029	956.25	9.19
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	44.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	938	44,196.83	47.12	9.019	649.95	424.97
MEDICAL	6	10	340.67	34.07	.096	56.78	3.28
SURGERY	5	5	341.02	68.20	.048	68.20	3.28
PATHOLOGY	26	118	1,558.18	13.20	1.135	59.93	14.98
RADIOLOGY	42	238	19,233.08	80.81	2.288	457.93	184.93
ROOM USE	33	57	2,664.27	46.74	.548	80.74	25.62
CROSSOVERS/ALL OTH OUTPTNT	19	510	20,059.61	39.33	4.904	1055.77	192.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	18	\$ 354.72	\$ 19.71	.173	\$ 177.36	\$ 3.41
HOSPITAL BASED	2	18	354.72	19.71	.173	177.36	3.41
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	58	\$ 509.86	\$ 8.79	.558	\$ 33.99	\$ 4.90
PATHOLOGY	15	58	509.86	8.79	.558	33.99	4.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	46	66	\$ 10,693.08	\$ 162.02	.635	\$ 232.46	\$ 102.82
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	10	356.42	35.64	.096	178.21	3.43
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	56	10,336.66	184.58	.538	234.92	99.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,340
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	61	\$	1,984.18	\$ 32.53	.587	\$ 165.35	\$ 19.08
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	38		401.90	10.58	.365	133.97	3.86
AMBULANCES/AIR TRANS	3	38		401.90	10.58	.365	133.97	3.86
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	111.52	11.15	.096	22.30	1.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	13	1,470.76	113.14	.125	367.69	14.14
PROSTHETICS	4	13	1,470.76	113.14	.125	367.69	14.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	17	\$ 1,039.56	\$ 61.15	.163	\$ 1039.56	\$ 10.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,341
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	92	1,017	\$ 77,511.52	\$ 76.22	28.250	\$ 842.52	\$ 2153.10
@PHYSICIANS SERVICES	34	269	\$ 26,567.03	\$ 98.76	7.472	\$ 781.38	\$ 737.97
OUTPATIENT VISITS	22	32	957.10	29.91	.889	43.50	26.59
OFFICE VISITS	21	31	937.90	30.25	.861	44.66	26.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.028	19.20	.53
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4	1,983.10	495.78	.111	661.03	55.09
PRINCIPAL SURGEON	3	3	1,820.96	606.99	.083	606.99	50.58
ASSISTANT SURGEON	1	1	162.14	162.14	.028	162.14	4.50
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	13	1,617.26	124.40	.361	202.16	44.92
PRINCIPAL SURGEON	8	13	1,617.26	124.40	.361	202.16	44.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	26	425.54	16.37	.722	53.19	11.82
RADIOLOGY	3	4	392.14	98.04	.111	130.71	10.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	168		20,705.04		123.24	4.667	5176.26	575.14
OTHER SERVICES/ALL X-OVERS	3	22		486.85		22.13	.611	162.28	13.52
@PHARMACY	66	158	\$	8,340.44	\$	52.79	4.389	\$ 126.37	\$ 231.68
PRESCRIPTION DRUGS	65	157		8,255.18		52.58	4.361	127.00	229.31
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	65	157		8,255.18		52.58	4.361	127.00	229.31
MEDICAL SUPPLIES	1	1		85.26		85.26	.028	85.26	2.37
@DENTIST	1	3	\$	28.00	\$	9.33	.083	\$ 28.00	\$.78
VISITS - DIAGNOSTIC	1	3		28.00		9.33	.083	28.00	.78
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								
	AID CODES 0R 0T 0U 0V								

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36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	1	\$ 30.13	\$ 30.13	.028	\$ 30.13	\$.84	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	40	544	\$ 35,608.05	\$ 65.46	15.111	\$ 890.20	\$ 989.11	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	40	544	35,608.05	65.46	15.111	890.20	989.11
MEDICAL	15	22	685.33	31.15	.611	45.69	19.04
SURGERY	6	6	417.03	69.51	.167	69.51	11.58
PATHOLOGY	9	18	269.44	14.97	.500	29.94	7.48
RADIOLOGY	7	7	994.02	142.00	.194	142.00	27.61
ROOM USE	24	39	2,341.46	60.04	1.083	97.56	65.04
CROSSOVERS/ALL OTH OUTPTNT	15	452	30,900.77	68.36	12.556	2060.05	858.35
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,343
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	544	\$	35,608.05	\$ 65.46	15.111	\$ 890.20	\$ 989.11
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	544		35,608.05	65.46	15.111	890.20	989.11
MEDICAL	15	22		685.33	31.15	.611	45.69	19.04
SURGERY	6	6		417.03	69.51	.167	69.51	11.58
PATHOLOGY	9	18		269.44	14.97	.500	29.94	7.48
RADIOLOGY	7	7		994.02	142.00	.194	142.00	27.61
ROOM USE	24	39		2,341.46	60.04	1.083	97.56	65.04
CROSSOVERS/ALL OTH OUTPTNT	15	452		30,900.77	68.36	12.556	2060.05	858.35
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	24	39	\$	6,631.43	\$ 170.04	1.083	\$ 276.31	\$ 184.21	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	24	39		6,631.43	170.04	1.083	276.31	184.21	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,344
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								AID CODES 0R 0T 0U 0V

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 306.44	\$ 102.15	.083	\$ 306.44	\$ 8.51
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	306.44	102.15	.083	306.44	8.51
PROSTHETICS	1	3	306.44	102.15	.083	306.44	8.51
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,345
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	293	6,953	\$ 303,622.85	\$ 43.67	49.664 \$ 1036.26 \$ 2168.73
@PHYSICIANS SERVICES	161	4,573	\$ 151,516.89	\$ 33.13	32.664 \$ 941.10 \$ 1082.26
OUTPATIENT VISITS	112	215	5,675.79	26.40	1.536 50.68 40.54
OFFICE VISITS	107	209	5,339.77	25.55	1.493 49.90 38.14
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	4	4	289.38	72.35	.029 72.35 2.07
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	2	2	46.64	23.32	.014 23.32 .33
INPATIENT VISITS	1	1	4.85	4.85	.007 4.85 .03
HOSPITAL VISITS	1	1	4.85	4.85	.007 4.85 .03
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	2	2	72.29	36.15	.014 36.15 .52
EXAMINATIONS	2	2	72.29	36.15	.014 36.15 .52
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	8	28	3,526.44	125.94	.200 440.81 25.19
PRINCIPAL SURGEON	6	6	2,930.83	488.47	.043 488.47 20.93
ASSISTANT SURGEON	1	1	162.14	162.14	.007 162.14 1.16
ANESTHESIOLOGIST	2	21	433.47	20.64	.150 216.74 3.10
OUTPATIENT SURGERY	25	55	4,146.50	75.39	.393 165.86 29.62
PRINCIPAL SURGEON	22	38	3,718.49	97.86	.271 169.02 26.56

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	428.01	25.18	.121	107.00	3.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	69	367	4,206.78	11.46	2.621	60.97	30.05
RADIOLOGY	50	241	17,475.62	72.51	1.721	349.51	124.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	3,407	111,436.17	32.71	24.336	2932.53	795.97
OTHER SERVICES/ALL X-OVERS	50	257	4,972.45	19.35	1.836	99.45	35.52
@PHARMACY	188	545	\$ 36,325.53	\$ 66.65	3.893	\$ 193.22	\$ 259.47
PRESCRIPTION DRUGS	187	544	36,240.27	66.62	3.886	193.80	258.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	187	544	36,240.27	66.62	3.886	193.80	258.86
MEDICAL SUPPLIES	1	1	85.26	85.26	.007	85.26	.61
@DENTIST	11	88	\$ 3,421.00	\$ 38.88	.629	\$ 311.00	\$ 24.44
VISITS - DIAGNOSTIC	7	57	440.00	7.72	.407	62.86	3.14
ORAL SURGERY	2	2	130.00	65.00	.014	65.00	.93
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.014	86.50	1.24
ENDODONTICS	1	2	520.00	260.00	.014	520.00	3.71
RESTORATIVE DENTISTRY	7	25	2,158.00	86.32	.179	308.29	15.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,346
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 230.30	\$ 25.59	.064	\$ 57.58	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	3	3	134.34	44.78	.021	44.78	.96
EYE APPLIANCES	2	6	95.96	15.99	.043	47.98	.69
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 30.13	\$ 30.13	.007	\$ 30.13	\$.22
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	1,492	\$ 91,619.29	\$ 61.41	10.657	\$ 832.90	\$ 654.42
HOSP INPATIENT TOTAL	5	10	11,814.41	1181.44	.071	2362.88	84.39
HSC HOSPITALS	4	7	6,257.00	893.86	.050	1564.25	44.69
NON-HSC HOSPITAL TOTAL	1	3	5,557.41	1852.47	.021	5557.41	39.70
ACCOMMODATIONS	1	3	956.25	318.75	.021	956.25	6.83

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	956.25	318.75	.021	956.25	6.83
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	32.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	1,482	79,804.88	53.85	10.586	738.93	570.03
MEDICAL	21	32	1,026.00	32.06	.229	48.86	7.33
SURGERY	11	11	758.05	68.91	.079	68.91	5.41
PATHOLOGY	35	136	1,827.62	13.44	.971	52.22	13.05
RADIOLOGY	49	245	20,227.10	82.56	1.750	412.80	144.48
ROOM USE	57	96	5,005.73	52.14	.686	87.82	35.76
CROSSOVERS/ALL OTH OUTPTNT	34	962	50,960.38	52.97	6.871	1498.83	364.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,347
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	1,492	\$ 91,619.29	\$ 61.41	10.657	\$ 832.90	\$ 654.42
COMM HOSP INPATIENT TOTAL	5	10	11,814.41	1181.44	.071	2362.88	84.39
HSC HOSPITALS	4	7	6,257.00	893.86	.050	1564.25	44.69
NON-HSC HOSPITALS TOTAL	1	3	5,557.41	1852.47	.021	5557.41	39.70
ACCOMMODATIONS	1	3	956.25	318.75	.021	956.25	6.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	956.25	318.75	.021	956.25	6.83
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	32.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	108	1,482	79,804.88	53.85	10.586	738.93	570.03
MEDICAL	21	32	1,026.00	32.06	.229	48.86	7.33
SURGERY	11	11	758.05	68.91	.079	68.91	5.41
PATHOLOGY	35	136	1,827.62	13.44	.971	52.22	13.05
RADIOLOGY	49	245	20,227.10	82.56	1.750	412.80	144.48
ROOM USE	57	96	5,005.73	52.14	.686	87.82	35.76
CROSSOVERS/ALL OTH OUTPTNT	34	962	50,960.38	52.97	6.871	1498.83	364.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	2	18	\$	354.72	\$	19.71	.129	\$ 177.36	\$ 2.53
HOSPITAL BASED	2	18		354.72		19.71	.129	177.36	2.53
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	15	58	\$	509.86	\$	8.79	.414	\$ 33.99	\$ 3.64
PATHOLOGY	15	58		509.86		8.79	.414	33.99	3.64
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	70	105	\$	17,324.51	\$	165.00	.750	\$ 247.49	\$ 123.75
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	10		356.42		35.64	.071	178.21	2.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	68	95		16,968.09		178.61	.679	249.53	121.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,348
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	64	\$	2,290.62	\$ 35.79	.457	\$ 176.20	\$ 16.36
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	38		401.90	10.58	.271	133.97	2.87
AMBULANCES/AIR TRANS	3	38		401.90	10.58	.271	133.97	2.87
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		111.52	11.15	.071	22.30	.80
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	16		1,777.20	111.08	.114	355.44	12.69
PROSTHETICS	5	16		1,777.20	111.08	.114	355.44	12.69
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	17	\$ 1,039.56	\$ 61.15	.121	\$ 1039.56	\$ 7.43
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,349
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	59	\$ 1,000.18	\$ 16.95	.557	\$ 41.67	\$ 9.44
@PHYSICIANS SERVICES	10	18	\$ 371.73	\$ 20.65	.170	\$ 37.17	\$ 3.51
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	18		371.73	20.65	.170	37.17	3.51
@PHARMACY	3	9	\$	133.66	\$ 14.85	.085	\$ 44.55	\$ 1.26
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	3	9		133.66	14.85	.085	44.55	1.26
@DENTIST	1	1	\$	.00	\$.00	.009	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00	.00	.009	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,350
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	19	\$	310.20	\$	16.33	.179	\$	103.40	\$	2.93
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	19		310.20		16.33	.179		103.40		2.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	19		310.20		16.33	.179		103.40		2.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,351
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	19	\$ 310.20	\$ 16.33	.179	\$ 103.40	\$ 2.93
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	310.20	16.33	.179	103.40	2.93
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	19		310.20	16.33	.179	103.40	2.93
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	37.02	\$ 37.02	.009	\$ 37.02	\$.35
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		37.02	37.02	.009	37.02	.35

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,352
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	6	11	\$ 147.57	\$ 13.42	.104 \$ 24.60 \$ 1.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	40.86	40.86	.009	40.86	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10	106.71	10.67	.094	21.34	1.01
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	23	58	\$ 1,000.18	\$ 17.24	.547	\$ 43.49	\$ 9.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,353

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

5,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,599	9,633	\$ 616,939.32	\$ 64.04	1.734	\$ 237.38	\$ 111.04
@PHYSICIANS SERVICES	1,062	1,968	\$ 79,024.61	\$ 40.15	.354	\$ 74.41	\$ 14.22
OUTPATIENT VISITS	932	1,191	37,989.05	31.90	.214	40.76	6.84
OFFICE VISITS	781	993	28,136.93	28.34	.179	36.03	5.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	149	159	8,598.04	54.08	.029	57.70	1.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	28	39	1,254.08	32.16	.007	44.79	.23
INPATIENT VISITS	31	143	17,844.79	124.79	.026	575.64	3.21
HOSPITAL VISITS	28	114	6,706.54	58.83	.021	239.52	1.21
CRITICAL CARE	5	29	11,138.25	384.08	.005	2227.65	2.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	326.28	36.25	.002	46.61	.06
EXAMINATIONS	7	9	326.28	36.25	.002	46.61	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	73	6,088.61	83.41	.013	380.54	1.10
PRINCIPAL SURGEON	8	20	4,096.72	204.84	.004	512.09	.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	53	1,991.89	37.58	.010	221.32	.36
OUTPATIENT SURGERY	39	94	5,546.26	59.00	.017	142.21	1.00
PRINCIPAL SURGEON	30	36	4,062.83	112.86	.006	135.43	.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	58	1,483.43	25.58	.010	114.11	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	92	129	1,494.16	11.58	.023	16.24	.27
RADIOLOGY	100	151	3,062.18	20.28	.027	30.62	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	10	2,241.50	224.15	.002	280.19	.40
OTHER SERVICES/ALL X-OVERS	80	168	4,431.78	26.38	.030	55.40	.80
@PHARMACY	1,300	3,333	\$ 94,803.55	\$ 28.44	.600	\$ 72.93	\$ 17.06
PRESCRIPTION DRUGS	1,298	3,285	92,893.47	28.28	.591	71.57	16.72
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,298	3,285	92,893.47	28.28	.591	71.57	16.72

MEDICAL SUPPLIES	44	48		1,910.08		39.79	.009	43.41	.34
@DENTIST	235	1,584	\$	40,998.22	\$	25.88	.285	174.46	7.38
VISITS - DIAGNOSTIC	173	1,034		11,816.00		11.43	.186	68.30	2.13
ORAL SURGERY	25	44		1,757.00		39.93	.008	70.28	.32
DRUGS	4	4		100.00		25.00	.001	25.00	.02
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	36	93		6,406.40		68.89	.017	177.96	1.15
RESTORATIVE DENTISTRY	117	390		19,437.00		49.84	.070	166.13	3.50
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	3	3		333.00		111.00	.001	111.00	.06
MAXILLOFACIAL SERVICES	11	11		1,148.82		104.44	.002	104.44	.21
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	5		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,354
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM								AID CODES 72 74 8N 8P

5,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	7	\$ 288.25	\$ 41.18	.001	\$ 41.18	\$.05
DIAGNOSTIC AND ANC. PROCED	7	7	288.25	41.18	.001	41.18	.05
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 49.10	\$ 24.55	.000	\$ 24.55	\$.01
MEDICINE/INJECTIONS	2	2	49.10	24.55	.000	24.55	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	12	\$	161.95	\$ 13.50	.002	\$ 161.95	\$.03
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	292	1,319	\$	286,229.40	\$ 217.00	.237	\$ 980.24	\$ 51.52
HOSP INPATIENT TOTAL	28	140		256,760.00	1834.00	.025	9170.00	46.21
HSC HOSPITALS	28	140		256,760.00	1834.00	.025	9170.00	46.21
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	270	1,179		29,469.40	25.00	.212	109.15	5.30
MEDICAL	77	129		5,584.61	43.29	.023	72.53	1.01
SURGERY	37	46		1,640.84	35.67	.008	44.35	.30
PATHOLOGY	80	326		3,498.88	10.73	.059	43.74	.63
RADIOLOGY	58	71		3,509.11	49.42	.013	60.50	.63
ROOM USE	214	259		10,589.18	40.88	.047	49.48	1.91
CROSSOVERS/ALL OTH OUTPTNT	116	348		4,646.78	13.35	.063	40.06	.84
@COUNTY HOSPITAL TOTAL	1	7	\$	467.10	\$ 66.73	.001	\$ 467.10	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7		467.10	66.73	.001	467.10	.08
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		24.72	12.36	.000	24.72	.00
RADIOLOGY	1	1		363.65	363.65	.000	363.65	.07
ROOM USE	1	1		37.56	37.56	.000	37.56	.01
CROSSOVERS/ALL OTH OUTPTNT	1	3		41.17	13.72	.001	41.17	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

5,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	292	1,312	\$ 285,762.30	\$ 217.81	.236	\$ 978.64	\$ 51.43
COMM HOSP INPATIENT TOTAL	28	140	256,760.00	1834.00	.025	9170.00	46.21
HSC HOSPITALS	28	140	256,760.00	1834.00	.025	9170.00	46.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	270	1,172	29,002.30	24.75	.211	107.42	5.22
MEDICAL	77	129	5,584.61	43.29	.023	72.53	1.01
SURGERY	37	46	1,640.84	35.67	.008	44.35	.30
PATHOLOGY	80	324	3,474.16	10.72	.058	43.43	.63
RADIOLOGY	58	70	3,145.46	44.94	.013	54.23	.57
ROOM USE	213	258	10,551.62	40.90	.046	49.54	1.90
CROSSOVERS/ALL OTH OUTPTNT	116	345	4,605.61	13.35	.062	39.70	.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	10	12	\$ 602.21	\$ 50.18	.002	\$ 60.22	\$.11
HOSPITAL BASED	10	12	602.21	50.18	.002	60.22	.11
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	33	79	\$ 528.47	\$ 6.69	.014	\$ 16.01	\$.10
PATHOLOGY	33	79	528.47	6.69	.014	16.01	.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	629	884	\$ 109,756.39	\$ 124.16	.159	\$ 174.49	\$ 19.75
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	13	77	2,849.99	37.01	.014	219.23	.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	616	807	106,906.40	132.47	.145	173.55	19.24

#CALIF DEPT OF HEALTH SERV MOP024
MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 6,356
03/14/05

5,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	433	\$ 4,497.17	\$ 10.39	.078	\$ 65.18	\$.81
DURABLE MED. EQUIP.	3	3	283.16	94.39	.001	94.39	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	305	2,819.43	9.24	.055	134.26	.51
AMBULANCES/AIR TRANS	21	305	2,819.43	9.24	.055	134.26	.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	117.85	9.07	.002	23.57	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	109	1,236.05	11.34	.020	32.53	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	40.68	13.56	.001	13.56	.01
@CALIF. CHILDREN SERVICES*	49	675	\$ 171,748.26	\$ 254.44	.121	\$ 3505.07	\$ 30.91
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,357
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,573	10,311	\$ 1,030,686.14	\$ 99.96	2.322	\$ 655.24	\$ 232.14
@PHYSICIANS SERVICES	472	1,776	\$ 85,976.44	\$ 48.41	.400	\$ 182.15	\$ 19.36
OUTPATIENT VISITS	293	352	13,898.42	39.48	.079	47.43	3.13
OFFICE VISITS	197	219	7,115.72	32.49	.049	36.12	1.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	70	75	4,747.30	63.30	.017	67.82	1.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	15	806.03	53.74	.003	115.15	.18
OTHER OUTPATIENT	26	43	1,229.37	28.59	.010	47.28	.28
INPATIENT VISITS	46	419	29,415.15	70.20	.094	639.46	6.63
HOSPITAL VISITS	40	375	20,089.17	53.57	.084	502.23	4.52
CRITICAL CARE	11	44	9,325.98	211.95	.010	847.82	2.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	15	692.29	46.15	.003	49.45	.16
EXAMINATIONS	14	15	692.29	46.15	.003	49.45	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	199	17,492.07	87.90	.045	437.30	3.94
PRINCIPAL SURGEON	30	48	13,532.86	281.93	.011	451.10	3.05
ASSISTANT SURGEON	2	2	454.31	227.16	.000	227.16	.10
ANESTHESIOLOGIST	15	149	3,504.90	23.52	.034	233.66	.79
OUTPATIENT SURGERY	35	123	6,256.81	50.87	.028	178.77	1.41
PRINCIPAL SURGEON	28	34	5,121.27	150.63	.008	182.90	1.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	89	1,135.54	12.76	.020	126.17	.26
DIALYSIS	7	31	2,640.03	85.16	.007	377.15	.59
PATHOLOGY	50	94	1,866.97	19.86	.021	37.34	.42
RADIOLOGY	107	324	8,786.29	27.12	.073	82.11	1.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	5	6		260.06	43.34	.001	52.01	.06
OTHER SERVICES/ALL X-OVERS	81	213		4,668.35	21.92	.048	57.63	1.05
@PHARMACY	499	2,739	\$	58,220.06	\$ 21.26	.617	\$ 116.67	\$ 13.11
PRESCRIPTION DRUGS	488	1,122		56,687.50	50.52	.253	116.16	12.77
SNF/ICF	1	1		30.18	30.18	.000	30.18	.01
OUTPATIENTS	487	1,121		56,657.32	50.54	.252	116.34	12.76
MEDICAL SUPPLIES	20	1,617		1,532.56	.95	.364	76.63	.35
@DENTIST	291	1,724	\$	37,524.90	\$ 21.77	.388	\$ 128.95	\$ 8.45
VISITS - DIAGNOSTIC	180	1,287		12,999.75	10.10	.290	72.22	2.93
ORAL SURGERY	45	70		3,328.30	47.55	.016	73.96	.75
DRUGS	1	3		45.00	15.00	.001	45.00	.01
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02
PERIODONTICS	2	2		110.00	55.00	.000	55.00	.02
ENDODONTICS	10	18		3,159.00	175.50	.004	315.90	.71
RESTORATIVE DENTISTRY	98	262		12,127.85	46.29	.059	123.75	2.73
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	4		240.00	60.00	.001	60.00	.05
MAXILLOFACIAL SERVICES	2	2		50.00	25.00	.000	25.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	59	67		5,140.00	76.72	.015	87.12	1.16
ALL OTHER SERVICES	6	8		225.00	28.13	.002	37.50	.05
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE/DENTAL							PAGE 6,358
MOP024	SUMMARY OF SERVICES FOR 100% PROGRAM							03/14/05
MADERA COUNTY	AID CODES 7A 7C 8R 8T							

4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	30	67	\$	1,618.19	\$ 24.15	.015	\$ 53.94	\$.36
DIAGNOSTIC AND ANC. PROCED	24	26		1,054.21	40.55	.006	43.93	.24
EYE APPLIANCES	15	41		563.98	13.76	.009	37.60	.13
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	3	4	\$	66.88	\$ 16.72	.001	\$ 22.29	\$.02
VISITS	3	4		66.88	16.72	.001	22.29	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	52.36	\$ 26.18	.000	\$ 26.18	\$.01
MEDICINE/INJECTIONS	2	2		52.36	26.18	.000	26.18	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	234	1,566	\$	750,154.04	\$ 479.03	.353	\$ 3205.79	\$ 168.95
HOSP INPATIENT TOTAL	38	387		710,844.01	1836.81	.087	18706.42	160.10
HSC HOSPITALS	35	371		699,559.01	1885.60	.084	19987.40	157.56
NON-HSC HOSPITAL TOTAL	3	16		11,285.00	705.31	.004	3761.67	2.54
ACCOMMODATIONS	3	16		3,717.40	232.34	.004	1239.13	.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	16		3,717.40	232.34	.004	1239.13	.84
ANCILLARIES	3	0		7,567.60	.00	.000	2522.53	1.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	205	1,179		39,310.03	33.34	.266	191.76	8.85
MEDICAL	63	184		10,516.54	57.16	.041	166.93	2.37
SURGERY	29	43		1,535.23	35.70	.010	52.94	.35
PATHOLOGY	70	314		3,530.38	11.24	.071	50.43	.80
RADIOLOGY	56	91		7,134.15	78.40	.020	127.40	1.61
ROOM USE	136	191		8,146.01	42.65	.043	59.90	1.83
CROSSOVERS/ALL OTH OUTPTNT	86	356		8,447.72	23.73	.080	98.23	1.90
@COUNTY HOSPITAL TOTAL	1	27	\$	904.74	\$ 33.51	.006	\$ 904.74	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	27		904.74	33.51	.006	904.74	.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	21		301.84	14.37	.005	301.84	.07
RADIOLOGY	1	2		459.99	230.00	.000	459.99	.10
ROOM USE	1	1		51.11	51.11	.000	51.11	.01
CROSSOVERS/ALL OTH OUTPTNT	1	3		91.80	30.60	.001	91.80	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,359
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
	AID CODES 7A 7C 8R 8T							
	----- MONTHLY AVERAGE -----							
4,440 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	233	1,539	\$	749,249.30	\$ 486.84	.347	\$ 3215.66	\$ 168.75

COMM HOSP INPATIENT TOTAL	38	387	710,844.01	1836.81	.087	18706.42	160.10
HSC HOSPITALS	35	371	699,559.01	1885.60	.084	19987.40	157.56
NON-HSC HOSPITALS TOTAL	3	16	11,285.00	705.31	.004	3761.67	2.54
ACCOMMODATIONS	3	16	3,717.40	232.34	.004	1239.13	.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	16	3,717.40	232.34	.004	1239.13	.84
ANCILLARIES	3	0	7,567.60	.00	.000	2522.53	1.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	204	1,152	38,405.29	33.34	.259	188.26	8.65
MEDICAL	63	184	10,516.54	57.16	.041	166.93	2.37
SURGERY	29	43	1,535.23	35.70	.010	52.94	.35
PATHOLOGY	69	293	3,228.54	11.02	.066	46.79	.73
RADIOLOGY	55	89	6,674.16	74.99	.020	121.35	1.50
ROOM USE	135	190	8,094.90	42.60	.043	59.96	1.82
CROSSOVERS/ALL OTH OUTPTNT	85	353	8,355.92	23.67	.080	98.30	1.88
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	21	520.96	24.81	.005	130.24	.12
HOSPITAL BASED	3	4	180.57	45.14	.001	60.19	.04
INDEPENDENT FACILITY	1	17	340.39	20.02	.004	340.39	.08
@LABORATORY FACILITY	72	255	3,314.01	13.00	.057	46.03	.75
PATHOLOGY	72	254	3,254.51	12.81	.057	45.20	.73
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	332	517	76,073.49	147.14	.116	229.14	17.13
CLINIC	14	64	2,180.34	34.07	.014	155.74	.49
SURGICENTER	1	6	231.21	38.54	.001	231.21	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	320	447	73,661.94	164.79	.101	230.19	16.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,360
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
				AID CODES 7A 7C 8R 8T			
				----- MONTHLY AVERAGE -----			
4,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	207	1,640	17,164.81	\$ 10.47	.369	\$ 82.92	\$ 3.87
DURABLE MED. EQUIP.	2	8	2,176.58	272.07	.002	1088.29	.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	780	9,486.50	12.16	.176	431.20	2.14

AMBULANCES/AIR TRANS	21	778	5,886.50	7.57	.175	280.31	1.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	71	611.68	8.62	.016	17.99	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	144	376	4,224.90	11.24	.085	29.34	.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	401	245.15	.61	.090	122.58	.06
@CALIF. CHILDREN SERVICES*	91	1,547	\$ 645,169.03	\$ 417.05	.348	\$ 7089.77	\$ 145.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,361
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,043	11,153	\$ 618,991.04	\$ 55.50	.000	\$ 203.41	\$.00
@PHYSICIANS SERVICES	534	1,152	\$ 75,322.34	\$ 65.38	.000	\$ 141.05	\$.00
OUTPATIENT VISITS	252	443	33,182.98	74.91	.000	131.68	.00
OFFICE VISITS	15	16	257.10	16.07	.000	17.14	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	242	427	32,925.88	77.11	.000	136.06	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	112.77	37.59	.000	112.77	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	112.77	37.59	.000	112.77	.00
OUTPATIENT SURGERY	98	205	19,784.48	96.51	.000	201.88	.00
PRINCIPAL SURGEON	96	137	16,623.36	121.34	.000	173.16	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	66	68		3,161.12	46.49	.000	47.90	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	107	162		2,685.90	16.58	.000	25.10	.00
RADIOLOGY	256	272		13,090.15	48.13	.000	51.13	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	35		1,768.86	50.54	.000	93.10	.00
OTHER SERVICES/ALL X-OVERS	17	32		4,697.20	146.79	.000	276.31	.00
@PHARMACY	709	1,372	\$	18,725.55	13.65	.000	26.41	\$.00
PRESCRIPTION DRUGS	706	1,354		17,644.31	13.03	.000	24.99	.00
SNF/ICF	1	2		9.11	4.56	.000	9.11	.00
OUTPATIENTS	705	1,352		17,635.20	13.04	.000	25.01	.00
MEDICAL SUPPLIES	11	18		1,081.24	60.07	.000	98.29	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,362
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
VISITS	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
NURSE MIDWIFE	5	6	\$ 485.34	\$ 80.89	.000	\$ 97.07	\$.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
@TOTAL HOSPITAL	285	552	\$ 22,801.76	\$ 41.31	.000	\$ 80.01	\$.00	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	285	552	22,801.76	41.31	.000	80.01	.00
MEDICAL	3	3	243.00	81.00	.000	81.00	.00
SURGERY	11	14	810.85	57.92	.000	73.71	.00
PATHOLOGY	156	285	6,728.42	23.61	.000	43.13	.00
RADIOLOGY	120	121	10,505.07	86.82	.000	87.54	.00
ROOM USE	103	129	4,530.15	35.12	.000	43.98	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	15.73CR	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,363
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	285	552	\$	22,801.76	\$ 41.31	.000	\$ 80.01	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	285	552		22,801.76	41.31	.000	80.01	.00
MEDICAL	3	3		243.00	81.00	.000	81.00	.00
SURGERY	11	14		810.85	57.92	.000	73.71	.00
PATHOLOGY	156	285		6,728.42	23.61	.000	43.13	.00
RADIOLOGY	120	121		10,505.07	86.82	.000	87.54	.00
ROOM USE	103	129		4,530.15	35.12	.000	43.98	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		15.73CR	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,092	3,527	\$	89,185.47	\$	25.29	.000	\$	81.67
PATHOLOGY	1,092	3,527		89,185.47		25.29	.000		81.67
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1,918	4,388	\$	396,090.58	\$	90.27	.000	\$	206.51
CLINIC	455	1,803		75,060.07		41.63	.000		164.97
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1,611	2,585		321,030.51		124.19	.000		199.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,364
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	156	156	\$	16,380.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	156	156		16,380.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,365
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,366
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,367
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,368
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,369

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	277	1,826	\$ 166,267.78	\$ 91.06	7.737	\$ 600.24	\$ 704.52
@PHYSICIANS SERVICES	175	859	\$ 45,458.82	\$ 52.92	3.640	\$ 259.76	\$ 192.62
OUTPATIENT VISITS	105	511	13,611.17	26.64	2.165	129.63	57.67
OFFICE VISITS	14	14	491.64	35.12	.059	35.12	2.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	12	820.20	68.35	.051	74.56	3.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	485	12,299.33	25.36	2.055	146.42	52.12
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	52	4,640.01	89.23	.220	272.94	19.66

HOSPITAL VISITS	16	28	1,195.53	42.70	.119	74.72	5.07
CRITICAL CARE	1	24	3,444.48	143.52	.102	3444.48	14.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	97	17,941.04	184.96	.411	618.66	76.02
PRINCIPAL SURGEON	22	22	16,009.74	727.72	.093	727.72	67.84
ASSISTANT SURGEON	2	2	328.38	164.19	.008	164.19	1.39
ANESTHESIOLOGIST	9	73	1,602.92	21.96	.309	178.10	6.79
OUTPATIENT SURGERY	18	38	3,386.73	89.12	.161	188.15	14.35
PRINCIPAL SURGEON	18	28	3,088.13	110.29	.119	171.56	13.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	10	298.60	29.86	.042	29.86	1.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	38	81	1,165.90	14.39	.343	30.68	4.94
RADIOLOGY	46	48	2,986.79	62.22	.203	64.93	12.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	24	865.39	36.06	.102	54.09	3.67
OTHER SERVICES/ALL X-OVERS	4	8	861.79	107.72	.034	215.45	3.65
@PHARMACY	73	154	\$ 3,383.11	\$ 21.97	.653	\$ 46.34	\$ 14.34
PRESCRIPTION DRUGS	71	150	3,344.95	22.30	.636	47.11	14.17
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	71	150	3,344.95	22.30	.636	47.11	14.17
MEDICAL SUPPLIES	4	4	38.16	9.54	.017	9.54	.16
@DENTIST	0	4	\$ 13.00	\$ 3.25	.017	\$.00	\$.06
VISITS - DIAGNOSTIC	0	4	13.00	3.25	.017	.00	.06
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,370
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	83	325	\$	72,385.40	222.72	1.377	\$ 872.11	\$ 306.72
HOSP INPATIENT TOTAL	20	58		65,731.40	1133.30	.246	3286.57	278.52
HSC HOSPITALS	14	32		45,315.19	1416.10	.136	3236.80	192.01
NON-HSC HOSPITAL TOTAL	6	26		20,416.21	785.24	.110	3402.70	86.51
ACCOMMODATIONS	6	26		7,502.10	288.54	.110	1250.35	31.79
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	26		7,502.10	288.54	.110	1250.35	31.79
ANCILLARIES	6	0		12,914.11	.00	.000	2152.35	54.72
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	74	267		6,654.00	24.92	1.131	89.92	28.19
MEDICAL	1	1		7.55	7.55	.004	7.55	.03
SURGERY	4	4		233.97	58.49	.017	58.49	.99
PATHOLOGY	41	157		1,645.78	10.48	.665	40.14	6.97
RADIOLOGY	15	16		1,212.53	75.78	.068	80.84	5.14
ROOM USE	35	47		2,194.14	46.68	.199	62.69	9.30
CROSSOVERS/ALL OTH OUTPTNT	26	42		1,360.03	32.38	.178	52.31	5.76
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,371
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	83	325	\$ 72,385.40	\$ 222.72	1.377	\$ 872.11	\$ 306.72	
COMM HOSP INPATIENT TOTAL	20	58	65,731.40	1133.30	.246	3286.57	278.52	
HSC HOSPITALS	14	32	45,315.19	1416.10	.136	3236.80	192.01	
NON-HSC HOSPITALS TOTAL	6	26	20,416.21	785.24	.110	3402.70	86.51	
ACCOMMODATIONS	6	26	7,502.10	288.54	.110	1250.35	31.79	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	6	26	7,502.10	288.54	.110	1250.35	31.79
ANCILLARIES	6	0	12,914.11	.00	.000	2152.35	54.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	74	267	6,654.00	24.92	1.131	89.92	28.19
MEDICAL	1	1	7.55	7.55	.004	7.55	.03
SURGERY	4	4	233.97	58.49	.017	58.49	.99
PATHOLOGY	41	157	1,645.78	10.48	.665	40.14	6.97
RADIOLOGY	15	16	1,212.53	75.78	.068	80.84	5.14
ROOM USE	35	47	2,194.14	46.68	.199	62.69	9.30
CROSSOVERS/ALL OTH OUTPTNT	26	42	1,360.03	32.38	.178	52.31	5.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	133	\$ 2,446.91	\$ 18.40	.564	\$ 54.38	\$ 10.37
PATHOLOGY	45	133	2,446.91	18.40	.564	54.38	10.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	82	337	\$ 41,134.54	\$ 122.06	1.428	\$ 501.64	\$ 174.30
CLINIC	40	221	4,968.35	22.48	.936	124.21	21.05
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	48	116	36,166.19	311.78	.492	753.46	153.25

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,372
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	14	\$ 1,446.00	\$ 103.29	.059	\$ 103.29	\$ 6.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,446.00	103.29	.059	103.29	6.13

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	24	\$ 3,444.48	\$ 143.52	.102	\$ 3444.48	\$ 14.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,373
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

1,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	866	2,705	\$ 136,243.64	\$ 50.37	2.057	\$ 157.33	\$ 103.61
@PHYSICIANS SERVICES	259	463	\$ 18,624.83	\$ 40.23	.352	\$ 71.91	\$ 14.16
OUTPATIENT VISITS	190	258	9,201.00	35.66	.196	48.43	7.00
OFFICE VISITS	131	144	4,402.49	30.57	.110	33.61	3.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	42	2,375.21	56.55	.032	62.51	1.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	65	2,252.38	34.65	.049	125.13	1.71
OTHER OUTPATIENT	7	7	170.92	24.42	.005	24.42	.13
INPATIENT VISITS	7	20	1,782.58	89.13	.015	254.65	1.36
HOSPITAL VISITS	6	13	694.22	53.40	.010	115.70	.53
CRITICAL CARE	1	7	1,088.36	155.48	.005	1088.36	.83
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	231.16	57.79	.003	57.79	.18
EXAMINATIONS	4	4	231.16	57.79	.003	57.79	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	8	1,674.16	209.27	.006	334.83	1.27
PRINCIPAL SURGEON	5	6	1,301.16	216.86	.005	260.23	.99
ASSISTANT SURGEON	2	2	373.00	186.50	.002	186.50	.28
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	13	21	2,148.85	102.33	.016	165.30	1.63
PRINCIPAL SURGEON	10	13	1,840.44	141.57	.010	184.04	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	8	308.41	38.55	.006	61.68	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	36	53	765.73	14.45	.040	21.27	.58
RADIOLOGY	43	57	1,948.15	34.18	.043	45.31	1.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	6	6		210.21		35.04	.005	35.04	.16
OTHER SERVICES/ALL X-OVERS	24	36		662.99		18.42	.027	27.62	.50
@PHARMACY	403	861	\$	37,494.35	\$	43.55	.655	\$ 93.04	\$ 28.51
PRESCRIPTION DRUGS	401	843		37,115.45		44.03	.641	92.56	28.22
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	401	843		37,115.45		44.03	.641	92.56	28.22
MEDICAL SUPPLIES	6	18		378.90		21.05	.014	63.15	.29
@DENTIST	70	396	\$	9,130.37	\$	23.06	.301	\$ 130.43	\$ 6.94
VISITS - DIAGNOSTIC	49	287		3,037.30		10.58	.218	61.99	2.31
ORAL SURGERY	13	22		1,094.00		49.73	.017	84.15	.83
DRUGS	2	4		70.00		17.50	.003	35.00	.05
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.08
PERIODONTICS	4	4		346.00		86.50	.003	86.50	.26
ENDODONTICS	6	9		828.00		92.00	.007	138.00	.63
RESTORATIVE DENTISTRY	24	64		3,417.00		53.39	.049	142.38	2.60
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	2		.00		.00	.002	.00	.00
MAXILLOFACIAL SERVICES	1	1		98.07		98.07	.001	98.07	.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		140.00		70.00	.002	70.00	.11
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,374
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
	AID CODE 38								
	----- MONTHLY AVERAGE -----								
1,315 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	10	20	\$	541.45	\$ 27.07	.015	\$ 54.15	\$.41	
DIAGNOSTIC AND ANC. PROCED	10	11		412.90	37.54	.008	41.29	.31	
EYE APPLIANCES	3	9		128.55	14.28	.007	42.85	.10	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	

@CHIROPRACTOR	8	12	\$	200.64	\$	16.72	.009	\$	25.08	\$	.15
VISITS	8	12		200.64		16.72	.009		25.08		.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.001	\$	74.86	\$	.06
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	105	376	\$	28,960.21	\$	77.02	.286	\$	275.81	\$	22.02
HOSP INPATIENT TOTAL	5	15		17,686.30		1179.09	.011		3537.26		13.45
HSC HOSPITALS	1	2		2,250.00		1125.00	.002		2250.00		1.71
NON-HSC HOSPITAL TOTAL	4	13		15,436.30		1187.41	.010		3859.08		11.74
ACCOMMODATIONS	4	13		4,018.80		309.14	.010		1004.70		3.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	13		4,018.80		309.14	.010		1004.70		3.06
ANCILLARIES	4	0		11,417.50		.00	.000		2854.38		8.68
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	102	361		11,273.91		31.23	.275		110.53		8.57
MEDICAL	23	32		1,650.14		51.57	.024		71.75		1.25
SURGERY	9	11		957.70		87.06	.008		106.41		.73
PATHOLOGY	32	118		1,446.76		12.26	.090		45.21		1.10
RADIOLOGY	33	49		3,263.07		66.59	.037		98.88		2.48
ROOM USE	66	76		2,935.93		38.63	.058		44.48		2.23
CROSSOVERS/ALL OTH OUTPTNT	39	75		1,020.31		13.60	.057		26.16		.78
@COUNTY HOSPITAL TOTAL	4	7	\$	180.02	\$	25.72	.005	\$	45.01	\$	.14
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		180.02		25.72	.005		45.01		.14
MEDICAL	1	1		69.52		69.52	.001		69.52		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.94		5.94	.001		5.94		.00
RADIOLOGY	1	2		26.56		13.28	.002		26.56		.02
ROOM USE	2	2		72.62		36.31	.002		36.31		.06
CROSSOVERS/ALL OTH OUTPTNT	1	1		5.38		5.38	.001		5.38		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,375
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	1,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		101	369	\$ 28,780.19	\$ 78.00	.281	\$ 284.95	\$ 21.89

COMM HOSP INPATIENT TOTAL	5	15		17,686.30	1179.09	.011	3537.26	13.45
HSC HOSPITALS	1	2		2,250.00	1125.00	.002	2250.00	1.71
NON-HSC HOSPITALS TOTAL	4	13		15,436.30	1187.41	.010	3859.08	11.74
ACCOMMODATIONS	4	13		4,018.80	309.14	.010	1004.70	3.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	13		4,018.80	309.14	.010	1004.70	3.06
ANCILLARIES	4	0		11,417.50	.00	.000	2854.38	8.68
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	98	354		11,093.89	31.34	.269	113.20	8.44
MEDICAL	22	31		1,580.62	50.99	.024	71.85	1.20
SURGERY	9	11		957.70	87.06	.008	106.41	.73
PATHOLOGY	31	117		1,440.82	12.31	.089	46.48	1.10
RADIOLOGY	32	47		3,236.51	68.86	.036	101.14	2.46
ROOM USE	64	74		2,863.31	38.69	.056	44.74	2.18
CROSSOVERS/ALL OTH OUTPTNT	38	74		1,014.93	13.72	.056	26.71	.77
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	115	\$	1,525.70	13.27	.087	41.24	1.16
PATHOLOGY	37	115		1,525.70	13.27	.087	41.24	1.16
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	194	298	\$	37,638.78	126.30	.227	194.01	28.62
CLINIC	19	71		1,839.51	25.91	.054	96.82	1.40
SURGICENTER	4	17		640.63	37.68	.013	160.16	.49
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	173	210		35,158.64	167.42	.160	203.23	26.74

#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 6,376 03/14/05

----- MONTHLY AVERAGE -----								
1,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	51	163	\$ 2,052.45	\$ 12.59	.124	\$ 40.24	\$ 1.56	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	62	754.10	12.16	.047	125.68	.57	

AMBULANCES/AIR TRANS	6	62	754.10	12.16	.047	125.68	.57
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	17	150.88	8.88	.013	16.76	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	82.92	41.46	.002	82.92	.06
PROSTHETICS	1	2	82.92	41.46	.002	82.92	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	78	838.53	10.75	.059	27.05	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	4	14	\$ 868.20	\$ 62.01	.011	\$ 217.05	\$.66
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,377
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	106	598	\$ 34,750.98	\$ 58.11	2.136	\$ 327.84	\$ 124.11
@PHYSICIANS SERVICES	34	85	\$ 3,164.90	\$ 37.23	.304	\$ 93.09	\$ 11.30
OUTPATIENT VISITS	22	29	974.60	33.61	.104	44.30	3.48
OFFICE VISITS	16	20	568.55	28.43	.071	35.53	2.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	360.33	45.04	.029	51.48	1.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.004	45.72	.16
INPATIENT VISITS	1	3	120.99	40.33	.011	120.99	.43
HOSPITAL VISITS	1	3	120.99	40.33	.011	120.99	.43
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.007	46.44	.33
EXAMINATIONS	2	2	92.88	46.44	.007	46.44	.33
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,088.56	1088.56	.004	1088.56	3.89
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.004	1088.56	3.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	125.36	62.68	.007	125.36	.45
PRINCIPAL SURGEON	1	2	125.36	62.68	.007	125.36	.45

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	18	138.16	7.68	.064	27.63	.49
RADIOLOGY	13	21	459.78	21.89	.075	35.37	1.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9	164.57	18.29	.032	32.91	.59
@PHARMACY	66	265	\$ 15,525.46	\$ 58.59	.946	\$ 235.23	\$ 55.45
PRESCRIPTION DRUGS	66	235	14,472.17	61.58	.839	219.28	51.69
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	66	235	14,472.17	61.58	.839	219.28	51.69
MEDICAL SUPPLIES	14	30	1,053.29	35.11	.107	75.24	3.76
@DENTIST	3	12	\$ 160.00	\$ 13.33	.043	\$ 53.33	\$.57
VISITS - DIAGNOSTIC	1	9	78.00	8.67	.032	78.00	.28
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3	82.00	27.33	.011	41.00	.29
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,378
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

		----- MONTHLY AVERAGE -----						
280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	15	\$ 348.77	\$ 23.25	.054	\$ 87.19	\$ 1.25	
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.014	47.45	.68	
EYE APPLIANCES	4	11	158.97	14.45	.039	39.74	.57	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$.06	
VISITS	1	1	16.72	16.72	.004	16.72	.06	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 34.30	\$ 34.30	.004	\$ 34.30	\$.12	
MEDICINE/INJECTIONS	1	1	34.30	34.30	.004	34.30	.12	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	25	79	\$ 6,372.91	\$ 80.67	.282	\$ 254.92	\$ 22.76	
HOSP INPATIENT TOTAL	2	3	3,375.02	1125.01	.011	1687.51	12.05	
HSC HOSPITALS	2	3	3,375.02	1125.01	.011	1687.51	12.05	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	76	2,997.89	39.45	.271	124.91	10.71
MEDICAL	5	8	369.37	46.17	.029	73.87	1.32
SURGERY	5	6	101.15	16.86	.021	20.23	.36
PATHOLOGY	7	16	208.70	13.04	.057	29.81	.75
RADIOLOGY	10	19	1,481.74	77.99	.068	148.17	5.29
ROOM USE	16	19	743.49	39.13	.068	46.47	2.66
CROSSOVERS/ALL OTH OUTPTNT	6	8	93.44	11.68	.029	15.57	.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,379

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	79	\$ 6,372.91	\$ 80.67	.282	\$ 254.92	\$ 22.76
COMM HOSP INPATIENT TOTAL	2	3	3,375.02	1125.01	.011	1687.51	12.05
HSC HOSPITALS	2	3	3,375.02	1125.01	.011	1687.51	12.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	76	2,997.89	39.45	.271	124.91	10.71
MEDICAL	5	8	369.37	46.17	.029	73.87	1.32
SURGERY	5	6	101.15	16.86	.021	20.23	.36
PATHOLOGY	7	16	208.70	13.04	.057	29.81	.75
RADIOLOGY	10	19	1,481.74	77.99	.068	148.17	5.29
ROOM USE	16	19	743.49	39.13	.068	46.47	2.66
CROSSOVERS/ALL OTH OUTPTNT	6	8	93.44	11.68	.029	15.57	.33
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	38	\$ 331.48	\$ 8.72	.136	\$ 33.15	\$ 1.18
PATHOLOGY	10	38	331.48	8.72	.136	33.15	1.18
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	36	70	\$ 8,083.65	\$ 115.48	.250	\$ 224.55	\$ 28.87
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	27	314.55	11.65	.096	104.85	1.12
RURAL HEALTH CLINIC	33	43	7,769.10	180.68	.154	235.43	27.75

#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 6,380 03/14/05

280 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	32	\$	712.79	\$ 22.27	.114	\$ 64.80	\$ 2.55
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	12		490.16	40.85	.043	122.54	1.75
AMBULANCES/AIR TRANS	4	12		490.16	40.85	.043	122.54	1.75
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	13		135.49	10.42	.046	22.58	.48
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	7		87.14	12.45	.025	43.57	.31
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	25	\$	1,354.56	\$ 54.18	.089	\$ 338.64	\$ 4.84
@XOVER EXCLUDING STATE HOSP**	1	1	\$	24.00	\$ 24.00	.004	\$ 24.00	\$.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,381
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	217	4,310	\$ 276,573.21	\$ 64.17	11.873	\$ 1274.53	\$ 761.91
@PHYSICIANS SERVICES	23	55	\$ 677.10	\$ 12.31	.152	\$ 29.44	\$ 1.87
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	28.01	14.01	.006	14.01	.08
EXAMINATIONS	2	2	28.01	14.01	.006	14.01	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.00		.000		.00		.00
RADIOLOGY	0	0		.00		.00		.000		.00		.00
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	53		649.09		12.25		.146		30.91		1.79
@PHARMACY	161	1,955	\$	50,240.83	\$	25.70		5.386	\$	312.05	\$	138.40
PRESCRIPTION DRUGS	152	636		48,130.15		75.68		1.752		316.65		132.59
SNF/ICF	57	384		27,872.54		72.58		1.058		488.99		76.78
OUTPATIENTS	96	252		20,257.61		80.39		.694		211.02		55.81
MEDICAL SUPPLIES	16	1,319		2,110.68		1.60		3.634		131.92		5.81
@DENTIST	3	13	\$	967.00	\$	74.38		.036	\$	322.33	\$	2.66
VISITS - DIAGNOSTIC	1	2		70.00		35.00		.006		70.00		.19
ORAL SURGERY	1	5		237.00		47.40		.014		237.00		.65
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	2	6		660.00		110.00		.017		330.00		1.82
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,382
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11	\$	155.66	\$ 14.15	.030	\$ 38.92	\$.43
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	3	9		146.05	16.23	.025	48.68	.40
OTHER OPTOMETRIC SERVICES	1	2		9.61	4.81	.006	9.61	.03
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	7	\$	26.45	\$ 3.78	.019	\$ 3.78	\$.07
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	7	7		26.45	3.78	.019	3.78	.07
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	5	\$	1,895.81	\$	379.16	.014	\$	379.16	\$	5.22
HOSP INPATIENT TOTAL	2	0		1,716.00		.00	.000		858.00		4.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,716.00		.00	.000		858.00		4.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	5		179.81		35.96	.014		59.94		.50
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	5		179.81		35.96	.014		59.94		.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,383
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	5	\$ 1,895.81	\$ 379.16	.014	\$ 379.16	\$ 5.22
COMM HOSP INPATIENT TOTAL	2	0	1,716.00	.00	.000	858.00	4.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	4.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	179.81	35.96	.014	59.94	.50
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5		179.81	35.96	.014	59.94	.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	59	1,622	\$	219,037.84	\$ 135.04	4.468	\$ 3712.51	\$ 603.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,622		219,037.84	135.04	4.468	3712.51	603.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	7.70	\$ 3.85	.006	\$ 3.85	\$.02
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	2		7.70	3.85	.006	3.85	.02
@ORGANIZED OUTPATIENT CLINIC	24	28	\$	784.20	\$ 28.01	.077	\$ 32.68	\$ 2.16
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MADERA COUNTY

24 28 784.20 28.01 .077 32.68 2.16
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 6,384
03/14/05

363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	612	\$ 2,780.62	\$ 4.54	1.686	\$ 115.86	\$ 7.66
DURABLE MED. EQUIP.	1	31	457.61	14.76	.085	457.61	1.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	550	1,364.91	2.48	1.515	136.49	3.76
AMBULANCES/AIR TRANS	1	3	114.26	38.09	.008	114.26	.31
OTHER TRANS	9	547	1,250.65	2.29	1.507	138.96	3.45
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	790.36	112.91	.019	263.45	2.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	24	167.74	6.99	.066	16.77	.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	99	\$ 9,404.82	\$ 95.00	.273	\$ 171.00	\$ 25.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E
PAGE 6,385
03/14/05

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	267	\$ 64,857.94	\$ 242.91	17.800	\$ 3242.90	\$ 4323.86
@PHYSICIANS SERVICES	5	33	\$ 1,378.46	\$ 41.77	2.200	\$ 275.69	\$ 91.90
OUTPATIENT VISITS	3	3	156.08	52.03	.200	52.03	10.41
OFFICE VISITS	2	2	48.00	24.00	.133	24.00	3.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.067	108.08	7.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	26	1,190.80	45.80	1.733	396.93	79.39

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	26	1,190.80	45.80	1.733	396.93	79.39
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	20.76	6.92	.200	10.38	1.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	10.82	10.82	.067	10.82	.72
@PHARMACY	18	80	\$ 5,642.00	\$ 70.53	5.333	\$ 313.44	\$ 376.13
PRESCRIPTION DRUGS	17	71	5,140.33	72.40	4.733	302.37	342.69
SNF/ICF	6	35	1,946.24	55.61	2.333	324.37	129.75
OUTPATIENTS	11	36	3,194.09	88.72	2.400	290.37	212.94
MEDICAL SUPPLIES	6	9	501.67	55.74	.600	83.61	33.44
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,386
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,387
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	146	\$ 57,768.08	\$ 395.67	9.733	\$ 11553.62	\$ 3851.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	92	47,915.18	520.82	6.133	15971.73	3194.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	54	9,852.90	182.46	3.600	4926.45	656.86
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	8	\$ 69.40	\$ 8.68	.533	\$ 69.40	\$ 4.63
PATHOLOGY	1	8	69.40	8.68	.533	69.40	4.63
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,388
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	1	\$ 3,419.69	\$ 3419.69	.067	\$ 1709.85	\$ 227.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,389
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	580	33,175	\$ 493,223.01	\$ 14.87	35.982	\$ 850.38	\$ 534.95
@PHYSICIANS SERVICES	115	349	\$ 10,566.97	\$ 30.28	.379	\$ 91.89	\$ 11.46
OUTPATIENT VISITS	43	59	2,535.14	42.97	.064	58.96	2.75
OFFICE VISITS	28	40	1,316.21	32.91	.043	47.01	1.43

HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	13	14		1,044.57	74.61	.015	80.35	1.13	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	5	5		174.36	34.87	.005	34.87	.19	
INPATIENT VISITS	10	49		2,608.84	53.24	.053	260.88	2.83	
HOSPITAL VISITS	8	46		2,022.80	43.97	.050	252.85	2.19	
CRITICAL CARE	2	3		586.04	195.35	.003	293.02	.64	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2		66.44	33.22	.002	33.22	.07	
EXAMINATIONS	2	2		66.44	33.22	.002	33.22	.07	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	4		580.41	145.10	.004	145.10	.63	
PRINCIPAL SURGEON	3	3		458.30	152.77	.003	152.77	.50	
ASSISTANT SURGEON	1	1		122.11	122.11	.001	122.11	.13	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	2		185.22	92.61	.002	185.22	.20	
PRINCIPAL SURGEON	1	1		120.63	120.63	.001	120.63	.13	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	1		64.59	64.59	.001	64.59	.07	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	9	13		162.20	12.48	.014	18.02	.18	
RADIOLOGY	28	56		1,329.21	23.74	.061	47.47	1.44	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	2		12.43	6.22	.002	6.22	.01	
OTHER SERVICES/ALL X-OVERS	68	162		3,087.08	19.06	.176	45.40	3.35	
@PHARMACY	375	5,131	\$	133,950.04	\$ 26.11	5.565	\$ 357.20	\$ 145.28	
PRESCRIPTION DRUGS	361	1,509		127,293.10	84.36	1.637	352.61	138.06	
SNF/ICF	43	260		15,641.96	60.16	.282	363.77	16.97	
OUTPATIENTS	319	1,249		111,651.14	89.39	1.355	350.00	121.10	
MEDICAL SUPPLIES	40	3,622		6,656.94	1.84	3.928	166.42	7.22	
@DENTIST	28	145	\$	3,932.00	\$ 27.12	.157	\$ 140.43	\$ 4.26	
VISITS - DIAGNOSTIC	22	120		1,272.00	10.60	.130	57.82	1.38	
ORAL SURGERY	3	5		258.00	51.60	.005	86.00	.28	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	1	1		260.00	260.00	.001	260.00	.28	
RESTORATIVE DENTISTRY	5	13		362.00	27.85	.014	72.40	.39	
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.03	
DENTURES, STAYPLATES	2	4		1,750.00	437.50	.004	875.00	1.90	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,390
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								

@CHIROPRACTOR	3	3	\$	50.16	\$	16.72	.003	\$	16.72	\$	.05
VISITS	1	1		16.72		16.72	.001		16.72		.02
OTHER SERVICES	2	2		33.44		16.72	.002		16.72		.04
@PODIATRIST	12	17	\$	150.68	\$	8.86	.018	\$	12.56	\$	.16
MEDICINE/INJECTIONS	2	2		48.00		24.00	.002		24.00		.05
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	15		102.68		6.85	.016		10.27		.11
@HOME HEALTH AGENCY	11	1,289	\$	42,933.57	\$	33.31	1.398	\$	3903.05	\$	46.57
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.001	\$	40.00	\$	.04
@TOTAL HOSPITAL	69	333	\$	72,977.33	\$	219.15	.361	\$	1057.64	\$	79.15
HOSP INPATIENT TOTAL	10	45		65,371.46		1452.70	.049		6537.15		70.90
HSC HOSPITALS	5	36		48,430.00		1345.28	.039		9686.00		52.53
NON-HSC HOSPITAL TOTAL	3	9		15,189.46		1687.72	.010		5063.15		16.47
ACCOMMODATIONS	3	9		2,970.75		330.08	.010		990.25		3.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2,970.75		330.08	.010		990.25		3.22
ANCILLARIES	3	0		12,218.71		.00	.000		4072.90		13.25
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		1.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	61	288		7,605.87		26.41	.312		124.69		8.25
MEDICAL	12	25		1,144.05		45.76	.027		95.34		1.24
SURGERY	2	2		109.72		54.86	.002		54.86		.12
PATHOLOGY	13	45		554.69		12.33	.049		42.67		.60
RADIOLOGY	22	29		2,774.17		95.66	.031		126.10		3.01
ROOM USE	17	21		1,023.88		48.76	.023		60.23		1.11
CROSSOVERS/ALL OTH OUTPTNT	37	166		1,999.36		12.04	.180		54.04		2.17
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	333	\$	72,977.33	\$ 219.15	.361	\$ 1057.64	\$ 79.15

COMM HOSP INPATIENT TOTAL	10	45		65,371.46	1452.70	.049	6537.15	70.90
HSC HOSPITALS	5	36		48,430.00	1345.28	.039	9686.00	52.53
NON-HSC HOSPITALS TOTAL	3	9		15,189.46	1687.72	.010	5063.15	16.47
ACCOMMODATIONS	3	9		2,970.75	330.08	.010	990.25	3.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9		2,970.75	330.08	.010	990.25	3.22
ANCILLARIES	3	0		12,218.71	.00	.000	4072.90	13.25
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	1.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	288		7,605.87	26.41	.312	124.69	8.25
MEDICAL	12	25		1,144.05	45.76	.027	95.34	1.24
SURGERY	2	2		109.72	54.86	.002	54.86	.12
PATHOLOGY	13	45		554.69	12.33	.049	42.67	.60
RADIOLOGY	22	29		2,774.17	95.66	.031	126.10	3.01
ROOM USE	17	21		1,023.88	48.76	.023	60.23	1.11
CROSSOVERS/ALL OTH OUTPTNT	37	166		1,999.36	12.04	.180	54.04	2.17
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	34	764	\$	135,352.92	177.16	.829	3980.97	146.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	6		751.92	125.32	.007	751.92	.82
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	58		31,082.50	535.91	.063	31082.50	33.71
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	33	700		103,518.50	147.88	.759	3136.92	112.28
@INTERMEDIATE CARE FACIL.-DD	14	305	\$	63,864.36	209.39	.331	4561.74	69.27
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	14	305		63,864.36	209.39	.331	4561.74	69.27
@HEMODIALYSIS TOTAL	6	7	\$	2,083.89	297.70	.008	347.32	2.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		2,083.89	297.70	.008	347.32	2.26
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	61	\$	703.07	11.53	.066	37.00	.76
PATHOLOGY	18	58		690.00	11.90	.063	38.33	.75
XO AND OTHERS	1	3		13.07	4.36	.003	13.07	.01
@ORGANIZED OUTPATIENT CLINIC	119	209	\$	12,978.28	62.10	.227	109.06	14.08
CLINIC	1	4		1.82	.46	.004	1.82	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	118	205		12,976.46	63.30	.222	109.97	14.07

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	84		24,530	\$ 13,005.77	\$.53	26.605	\$ 154.83	\$ 14.11
DURABLE MED. EQUIP.	5		103	3,666.31	35.60	.112	733.26	3.98
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11		146	1,215.54	8.33	.158	110.50	1.32

AMBULANCES/AIR TRANS	9	66	1,046.14	15.85	.072	116.24	1.13
OTHER TRANS	2	80	169.40	2.12	.087	84.70	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	30	292.03	9.73	.033	22.46	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.19	1.19	.001	1.19	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	34	1,138.81	33.49	.037	142.35	1.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,693	4,607.29	2.72	1.836	177.20	5.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	22,523	2,084.60	.09	24.428	83.38	2.26
@CALIF. CHILDREN SERVICES*	11	52	\$ 9,339.29	\$ 179.60	.056	\$ 849.03	\$ 10.13
@XOVER EXCLUDING STATE HOSP**	106	373	\$ 30,633.15	\$ 82.13	.405	\$ 288.99	\$ 33.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,393
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	817	37,752	\$ 834,654.16	\$ 22.11	29.040	\$ 1021.61	\$ 642.04
@PHYSICIANS SERVICES	143	437	\$ 12,622.53	\$ 28.88	.336	\$ 88.27	\$ 9.71
OUTPATIENT VISITS	46	62	2,691.22	43.41	.048	58.50	2.07
OFFICE VISITS	30	42	1,364.21	32.48	.032	45.47	1.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	15	1,152.65	76.84	.012	82.33	.89
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	174.36	34.87	.004	34.87	.13
INPATIENT VISITS	13	75	3,799.64	50.66	.058	292.28	2.92
HOSPITAL VISITS	8	46	2,022.80	43.97	.035	252.85	1.56
CRITICAL CARE	2	3	586.04	195.35	.002	293.02	.45
SNF/ICF/TRANS IP CARE	3	26	1,190.80	45.80	.020	396.93	.92
OPHTHALMOLOGICAL SERVICES	4	4	94.45	23.61	.003	23.61	.07
EXAMINATIONS	4	4	94.45	23.61	.003	23.61	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	4	580.41	145.10	.003	145.10	.45
PRINCIPAL SURGEON	3	3	458.30	152.77	.002	152.77	.35
ASSISTANT SURGEON	1	1	122.11	122.11	.001	122.11	.09
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	185.22	92.61	.002	185.22	.14
PRINCIPAL SURGEON	1	1	120.63	120.63	.001	120.63	.09

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		64.59	64.59	.001	64.59	.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	13		162.20	12.48	.010	18.02	.12
RADIOLOGY	30	59		1,349.97	22.88	.045	45.00	1.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		12.43	6.22	.002	6.22	.01
OTHER SERVICES/ALL X-OVERS	90	216		3,746.99	17.35	.166	41.63	2.88
@PHARMACY	554	7,166	\$	189,832.87	\$ 26.49	5.512	\$ 342.66	\$ 146.03
PRESCRIPTION DRUGS	530	2,216		180,563.58	81.48	1.705	340.69	138.90
SNF/ICF	106	679		45,460.74	66.95	.522	428.87	34.97
OUTPATIENTS	426	1,537		135,102.84	87.90	1.182	317.14	103.93
MEDICAL SUPPLIES	62	4,950		9,269.29	1.87	3.808	149.50	7.13
@DENTIST	31	158	\$	4,899.00	\$ 31.01	.122	\$ 158.03	\$ 3.77
VISITS - DIAGNOSTIC	23	122		1,342.00	11.00	.094	58.35	1.03
ORAL SURGERY	4	10		495.00	49.50	.008	123.75	.38
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.001	260.00	.20
RESTORATIVE DENTISTRY	5	13		362.00	27.85	.010	72.40	.28
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	4	10		2,410.00	241.00	.008	602.50	1.85
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 MADERA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 6,394
 03/14/05

----- MONTHLY AVERAGE -----

1,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	42 \$	789.63	\$ 18.80	.032	\$ 41.56	\$.61
DIAGNOSTIC AND ANC. PROCED	7	7	247.13	35.30	.005	35.30	.19
EYE APPLIANCES	13	31	525.08	16.94	.024	40.39	.40
OTHER OPTOMETRIC SERVICES	2	4	17.42	4.36	.003	8.71	.01
@CHIROPRACITOR	3	3 \$	50.16	\$ 16.72	.002	\$ 16.72	\$.04
VISITS	1	1	16.72	16.72	.001	16.72	.01
OTHER SERVICES	2	2	33.44	16.72	.002	16.72	.03
@PODIATRIST	19	24 \$	177.13	\$ 7.38	.018	\$ 9.32	\$.14
MEDICINE/INJECTIONS	2	2	48.00	24.00	.002	24.00	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	22	129.13	5.87	.017	7.60	.10
@HOME HEALTH AGENCY	11	1,289 \$	42,933.57	\$ 33.31	.992	\$ 3903.05	\$ 33.03
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1 \$	40.00	\$ 40.00	.001	\$ 40.00	\$.03
@TOTAL HOSPITAL	74	338 \$	74,873.14	\$ 221.52	.260	\$ 1011.80	\$ 57.59
HOSP INPATIENT TOTAL	12	45	67,087.46	1490.83	.035	5590.62	51.61
HSC HOSPITALS	5	36	48,430.00	1345.28	.028	9686.00	37.25
NON-HSC HOSPITAL TOTAL	3	9	15,189.46	1687.72	.007	5063.15	11.68
ACCOMMODATIONS	3	9	2,970.75	330.08	.007	990.25	2.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,970.75	330.08	.007	990.25	2.29
ANCILLARIES	3	0	12,218.71	.00	.000	4072.90	9.40
INPATIENT CROSSOVERS	4	0	3,468.00	.00	.000	867.00	2.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	64	293	7,785.68	26.57	.225	121.65	5.99
MEDICAL	12	25	1,144.05	45.76	.019	95.34	.88
SURGERY	2	2	109.72	54.86	.002	54.86	.08
PATHOLOGY	13	45	554.69	12.33	.035	42.67	.43
RADIOLOGY	22	29	2,774.17	95.66	.022	126.10	2.13
ROOM USE	17	21	1,023.88	48.76	.016	60.23	.79
CROSSOVERS/ALL OTH OUTPTNT	40	171	2,179.17	12.74	.132	54.48	1.68
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	74	338	\$ 74,873.14	\$ 221.52	.260	\$ 1011.80	\$ 57.59
COMM HOSP INPATIENT TOTAL	12	45	67,087.46	1490.83	.035	5590.62	51.61
HSC HOSPITALS	5	36	48,430.00	1345.28	.028	9686.00	37.25
NON-HSC HOSPITALS TOTAL	3	9	15,189.46	1687.72	.007	5063.15	11.68
ACCOMMODATIONS	3	9	2,970.75	330.08	.007	990.25	2.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,970.75	330.08	.007	990.25	2.29
ANCILLARIES	3	0	12,218.71	.00	.000	4072.90	9.40
INPATIENT CROSSOVERS	4	0	3,468.00	.00	.000	867.00	2.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	293	7,785.68	26.57	.225	121.65	5.99
MEDICAL	12	25	1,144.05	45.76	.019	95.34	.88
SURGERY	2	2	109.72	54.86	.002	54.86	.08
PATHOLOGY	13	45	554.69	12.33	.035	42.67	.43
RADIOLOGY	22	29	2,774.17	95.66	.022	126.10	2.13
ROOM USE	17	21	1,023.88	48.76	.016	60.23	.79
CROSSOVERS/ALL OTH OUTPTNT	40	171	2,179.17	12.74	.132	54.48	1.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	98	2,532	\$ 412,158.84	\$ 162.78	1.948	\$ 4205.70	\$ 317.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	6	751.92	125.32	.005	751.92	.58
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	150	78,997.68	526.65	.115	19749.42	60.77
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	94	2,376	332,409.24	139.90	1.828	3536.27	255.70
@INTERMEDIATE CARE FACIL.-DD	14	305	\$ 63,864.36	\$ 209.39	.235	\$ 4561.74	\$ 49.13
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	14	305	63,864.36	209.39	.235	4561.74	49.13
@HEMODIALYSIS TOTAL	6	7	\$ 2,083.89	\$ 297.70	.005	\$ 347.32	\$ 1.60
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	2,083.89	297.70	.005	347.32	1.60
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	71	\$ 780.17	\$ 10.99	.055	\$ 35.46	\$.60
PATHOLOGY	19	66	759.40	11.51	.051	39.97	.58
XO AND OTHERS	3	5	20.77	4.15	.004	6.92	.02
@ORGANIZED OUTPATIENT CLINIC	143	237	\$ 13,762.48	\$ 58.07	.182	\$ 96.24	\$ 10.59
CLINIC	1	4	1.82	.46	.003	1.82	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	142	233	13,760.66	59.06	.179	96.91	10.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MADERA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL						

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	108	25,142	\$	15,786.39	\$.63	19.340	\$ 146.17	\$ 12.14
DURABLE MED. EQUIP.	6	134		4,123.92	30.78	.103	687.32	3.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	696		2,580.45	3.71	.535	122.88	1.98
AMBULANCES/AIR TRANS	10	69		1,160.40	16.82	.053	116.04	.89
OTHER TRANS	11	627		1,420.05	2.26	.482	129.10	1.09
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13	30		292.03	9.73	.023	22.46	.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		1.19	1.19	.001	1.19	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41		1,929.17	47.05	.032	175.38	1.48
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,693		4,607.29	2.72	1.302	177.20	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	22,547		2,252.34	.10	17.344	64.35	1.73
@CALIF. CHILDREN SERVICES*	11	52	\$	9,339.29	\$ 179.60	.040	\$ 849.03	\$ 7.18
@XOVER EXCLUDING STATE HOSP**	163	473	\$	43,457.66	\$ 91.88	.364	\$ 266.61	\$ 33.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,397
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

417,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	226,375	5,168,660	\$ 103,110,417.90	\$ 19.95	12.380	\$ 455.49	\$ 246.97
@PHYSICIANS SERVICES	76,861	230,793	\$ 9,185,105.21	\$ 39.80	.553	\$ 119.50	\$ 22.00
OUTPATIENT VISITS	50,361	78,796	2,792,691.13	35.44	.189	55.45	6.69
OFFICE VISITS	36,392	48,690	1,477,684.65	30.35	.117	40.60	3.54
HOME VISITS	47	77	2,957.05	38.40	.000	62.92	.01
EMERGENCY ROOM	9,753	11,137	628,060.63	56.39	.027	64.40	1.50
PREVENTIVE CARE	45	46	2,044.50	44.45	.000	45.43	.00
OB VISITS/COMPRI PERI	4,444	16,356	600,503.11	36.71	.039	135.13	1.44
OTHER OUTPATIENT	1,992	2,490	81,441.19	32.71	.006	40.88	.20
INPATIENT VISITS	3,922	15,698	985,518.74	62.78	.038	251.28	2.36
HOSPITAL VISITS	3,419	12,100	559,820.86	46.27	.029	163.74	1.34
CRITICAL CARE	354	2,774	398,307.07	143.59	.007	1125.16	.95
SNF/ICF/TRANS IP CARE	339	824	27,390.81	33.24	.002	80.80	.07
OPHTHALMOLOGICAL SERVICES	1,651	1,873	76,984.40	41.10	.004	46.63	.18
EXAMINATIONS	1,637	1,859	76,699.11	41.26	.004	46.85	.18
SERVICES AND MATERIALS	14	14	285.29	20.38	.000	20.38	.00

INPATIENT HOSPITAL SURGERY	3,437	11,040		1,989,450.00		180.20	.026	578.83	4.77
PRINCIPAL SURGEON	2,578	3,249		1,735,801.36		534.26	.008	673.31	4.16
ASSISTANT SURGEON	413	411		72,965.64		177.53	.001	176.67	.17
ANESTHESIOLOGIST	928	7,380		180,683.00		24.48	.018	194.70	.43
OUTPATIENT SURGERY	4,181	9,310		697,110.61		74.88	.022	166.73	1.67
PRINCIPAL SURGEON	3,499	4,333		584,065.49		134.79	.010	166.92	1.40
ASSISTANT SURGEON	29	38		4,285.60		112.78	.000	147.78	.01
ANESTHESIOLOGIST	1,038	4,939		108,759.52		22.02	.012	104.78	.26
DIALYSIS	138	578		39,181.78		67.79	.001	283.93	.09
PATHOLOGY	10,190	18,243		244,836.48		13.42	.044	24.03	.59
RADIOLOGY	13,899	22,562		729,216.17		32.32	.054	52.47	1.75
PSYCHIATRY	8	8		421.86		52.73	.000	52.73	.00
IMMUNIZATION AND INJECTION	1,978	18,934		688,728.42		36.38	.045	348.19	1.65
OTHER SERVICES/ALL X-OVERS	16,595	53,751		940,965.62		17.51	.129	56.70	2.25
@PHARMACY	131,487	2,473,108	\$	29,232,661.15	\$	11.82	5.924	\$ 222.32	\$ 70.02
PRESCRIPTION DRUGS	129,453	429,748		28,038,102.88		65.24	1.029	216.59	67.16
SNF/ICF	4,097	26,504		1,830,805.71		69.08	.063	446.86	4.39
OUTPATIENTS	125,582	403,244		26,207,297.17		64.99	.966	208.69	62.77
MEDICAL SUPPLIES	11,762	2,043,360		1,194,558.27		.58	4.894	101.56	2.86
@DENTIST	22,212	130,423	\$	3,207,297.12	\$	24.59	.312	\$ 144.39	\$ 7.68
VISITS - DIAGNOSTIC	15,349	95,418		1,012,156.65		10.61	.229	65.94	2.42
ORAL SURGERY	3,344	6,510		390,069.29		59.92	.016	116.65	.93
DRUGS	402	715		12,863.75		17.99	.002	32.00	.03
ANESTHESIA	167	169		16,500.00		97.63	.000	98.80	.04
PERIODONTICS	1,327	1,388		120,019.00		86.47	.003	90.44	.29
ENDODONTICS	1,321	2,334		306,019.65		131.11	.006	231.66	.73
RESTORATIVE DENTISTRY	7,701	19,894		1,030,933.85		51.82	.048	133.87	2.47
PROSTHETICS	106	113		2,840.00		25.13	.000	26.79	.01
DENTURES, STAYPLATES	706	1,939		199,613.14		102.95	.005	282.74	.48
SPACE MAINTAINERS	133	179		18,102.00		101.13	.000	136.11	.04
MAXILLOFACIAL SERVICES	173	179		17,437.29		97.42	.000	100.79	.04
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	.00
ORTHODONTIC SERVICES	799	934		75,027.50		80.33	.002	93.90	.18
ALL OTHER SERVICES	429	650		4,515.00		6.95	.002	10.52	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,398
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	417,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,286	8,308	\$	186,808.05	\$ 22.49	.020	\$ 56.85	\$.45
DIAGNOSTIC AND ANC. PROCED	2,086	2,394		92,513.84	38.64	.006	44.35	.22
EYE APPLIANCES	2,089	5,618		86,669.73	15.43	.013	41.49	.21
OTHER OPTOMETRIC SERVICES	202	296		7,624.48	25.76	.001	37.74	.02
@CHIROPRACTOR	1,291	2,005	\$	33,211.36	\$ 16.56	.005	\$ 25.73	\$.08
VISITS	1,239	1,931		32,243.70	16.70	.005	26.02	.08
OTHER SERVICES	52	74		967.66	13.08	.000	18.61	.00
@PODIATRIST	1,395	1,764	\$	33,584.56	\$ 19.04	.004	\$ 24.07	\$.08
MEDICINE/INJECTIONS	643	741		22,496.60	30.36	.002	34.99	.05
SURGERY/ANES.	12	12		1,820.83	151.74	.000	151.74	.00
RADIO./PATHOLOGY	17	18		314.00	17.44	.000	18.47	.00
OTHER	748	993		8,953.13	9.02	.002	11.97	.02
@HOME HEALTH AGENCY	378	12,899	\$	449,299.11	\$ 34.83	.031	\$ 1188.62	\$ 1.08
NURSE ANESTHESIST	118	1,693	\$	21,010.55	\$ 12.41	.004	\$ 178.06	\$.05
NURSE MIDWIFE	17	31	\$	3,428.86	\$ 110.61	.000	\$ 201.70	\$.01
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$ 11.08	.000	\$ 33.24	\$.00

FAMILY NURSE PRACTITIONER	33	46	\$	1,098.14	\$	23.87	.000	\$	33.28	\$	.00
@TOTAL HOSPITAL	34,729	149,484	\$	27,580,829.74	\$	184.51	.358	\$	794.17	\$	66.06
HOSP INPATIENT TOTAL	4,083	17,219		23,432,441.45		1360.85	.041		5739.03		56.13
HSC HOSPITALS	2,242	10,665		16,474,109.81		1544.69	.026		7347.95		39.46
NON-HSC HOSPITAL TOTAL	1,394	6,554		6,540,518.70		997.94	.016		4691.91		15.67
ACCOMMODATIONS	1,394	6,554		2,227,255.02		339.83	.016		1597.74		5.33
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,393	6,551		2,226,561.12		339.88	.016		1598.39		5.33
ANCILLARIES	1,393	0		4,313,263.68		.00	.000		3096.38		10.33
INPATIENT CROSSOVERS	484	0		417,812.94		.00	.000		863.25		1.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31,947	132,265		4,148,388.29		31.36	.317		129.85		9.94
MEDICAL	6,595	10,891		543,755.30		49.93	.026		82.45		1.30
SURGERY	2,823	3,577		232,434.03		64.98	.009		82.34		.56
PATHOLOGY	11,009	42,211		484,472.95		11.48	.101		44.01		1.16
RADIOLOGY	8,600	12,047		940,373.44		78.06	.029		109.35		2.25
ROOM USE	16,629	22,376		908,109.24		40.58	.054		54.61		2.18
CROSSOVERS/ALL OTH OUTPTNT	13,706	41,163		1,039,243.33		25.25	.099		75.82		2.49
@COUNTY HOSPITAL TOTAL	179	791	\$	172,039.23	\$	217.50	.002	\$	961.11	\$	.41
CO HOSPITAL INPATIENT TOTAL	25	143		153,244.92		1071.64	.000		6129.80		.37
HSC HOSPITALS	21	122		133,813.05		1096.83	.000		6372.05		.32
NON-HSC HOSPITALS TOTAL	3	21		18,851.01		897.67	.000		6283.67		.05
ACCOMMODATIONS	3	21		10,141.20		482.91	.000		3380.40		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	21		10,141.20		482.91	.000		3380.40		.02
ANCILLARIES	3	0		8,709.81		.00	.000		2903.27		.02
INPATIENT CROSSOVERS	1	0		580.86		.00	.000		580.86		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	161	648		18,794.31		29.00	.002		116.73		.05
MEDICAL	60	85		3,329.88		39.18	.000		55.50		.01

SURGERY	11	14	470.54	33.61	.000	42.78	.00
PATHOLOGY	45	203	2,932.20	14.44	.000	65.16	.01
RADIOLOGY	28	44	2,715.64	61.72	.000	96.99	.01
ROOM USE	104	133	5,434.63	40.86	.000	52.26	.01
CROSSOVERS/ALL OTH OUTPTNT	78	169	3,911.42	23.14	.000	50.15	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,399
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

417,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34,576	148,693	\$ 27,408,790.51	\$ 184.33	.356	\$ 792.71	\$ 65.65
COMM HOSP INPATIENT TOTAL	4,060	17,076	23,279,196.53	1363.27	.041	5733.79	55.76
HSC HOSPITALS	2,221	10,543	16,340,296.76	1549.87	.025	7357.18	39.14
NON-HSC HOSPITALS TOTAL	1,392	6,533	6,521,667.69	998.27	.016	4685.11	15.62
ACCOMMODATIONS	1,392	6,533	2,217,113.82	339.37	.016	1592.75	5.31
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,391	6,530	2,216,419.92	339.42	.016	1593.40	5.31
ANCILLARIES	1,391	0	4,304,553.87	.00	.000	3094.58	10.31
INPATIENT CROSSOVERS	483	0	417,232.08	.00	.000	863.83	1.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31,807	131,617	4,129,593.98	31.38	.315	129.83	9.89
MEDICAL	6,539	10,806	540,425.42	50.01	.026	82.65	1.29
SURGERY	2,812	3,563	231,963.49	65.10	.009	82.49	.56
PATHOLOGY	10,968	42,008	481,540.75	11.46	.101	43.90	1.15
RADIOLOGY	8,573	12,003	937,657.80	78.12	.029	109.37	2.25
ROOM USE	16,535	22,243	902,674.61	40.58	.053	54.59	2.16
CROSSOVERS/ALL OTH OUTPTNT	13,634	40,994	1,035,331.91	25.26	.098	75.94	2.48
@STATE HOSPITAL	12	366	\$ 161,061.78	\$ 440.06	.001	\$ 13421.82	\$.39
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	161,061.78	440.06	.001	13421.82	.39
@NURSING FACILITY	3,516	105,371	\$ 12,060,365.61	\$ 114.46	.252	\$ 3430.14	\$ 28.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	49	1,530	187,824.40	122.76	.004	3833.15	.45
LEV B-SUBACUTE FREESTANDING	29	833	279,778.42	335.87	.002	9647.53	.67
LEV B-SUBACUTE HSPTL BASED	27	1,109	555,223.69	500.65	.003	20563.84	1.33
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,415	101,899	11,037,539.10	108.32	.244	3232.08	26.44
@INTERMEDIATE CARE FACIL.-DD	635	19,590	\$ 3,859,021.84	\$ 196.99	.047	\$ 6077.20	\$ 9.24
ICF DDH	83	2,513	403,667.10	160.63	.006	4863.46	.97
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	552	17,077	3,455,354.74	202.34	.041	6259.70	8.28
@HEMODIALYSIS TOTAL	709	5,541	\$ 570,512.47	\$ 102.96	.013	\$ 804.67	\$ 1.37
HOSPITAL BASED	3	6	15,117.87	2519.65	.000	5039.29	.04
HEMODIALYSIS CENTER	706	5,535	555,394.60	100.34	.013	786.68	1.33
@REHABILITATION FACILITY	416	1,372	\$ 46,702.35	\$ 34.04	.003	\$ 112.27	\$.11
HOSPITAL BASED	406	1,320	45,872.83	34.75	.003	112.99	.11
INDEPENDENT FACILITY	10	52	829.52	15.95	.000	82.95	.00
@LABORATORY FACILITY	14,508	55,116	\$ 742,701.05	\$ 13.48	.132	\$ 51.19	\$ 1.78
PATHOLOGY	14,421	54,968	736,598.57	13.40	.132	51.08	1.76
XO AND OTHERS	123	148	6,102.48	41.23	.000	49.61	.01
@ORGANIZED OUTPATIENT CLINIC	60,703	101,758	\$ 13,225,070.57	\$ 129.97	.244	\$ 217.87	\$ 31.68
CLINIC	3,310	12,375	357,881.95	28.92	.030	108.12	.86
SURGICENTER	676	2,801	112,363.82	40.12	.007	166.22	.27
HEROIN DETOX CLINIC	31	317	3,629.07	11.45	.001	117.07	.01

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MADERA COUNTY

57,802 86,265 12,751,195.73 147.81 .207 220.60 30.54
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,400
FEE-FOR-SERVICE/DENTAL 03/14/05
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
417,497 ELIGIBLES								
@ALL OTHER PROVIDERS	21,360	1,868,989	\$ 2,510,615.14	\$ 1.34	4.477	\$	117.54	\$ 6.01
DURABLE MED. EQUIP.	963	3,045	345,561.73	113.48	.007		358.84	.83
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	126	192	57,832.69	301.21	.000		458.99	.14
MEDICAL TRANSPORTATION	3,101	117,857	699,134.38	5.93	.282		225.45	1.67
AMBULANCES/AIR TRANS	2,524	41,108	427,735.30	10.41	.098		169.47	1.02
OTHER TRANS	556	75,676	219,318.48	2.90	.181		394.46	.53
OTHER SERVICES	122	1,073	52,080.60	48.54	.003		426.89	.12
ACUPUNCTURE	15	37	643.38	17.39	.000		42.89	.00
ADULT DAY HEALTH CARE CTR	103	1,379	95,585.07	69.31	.003		928.01	.23
GENETIC DISEASE TESTING	1,107	1,111	116,511.00	104.87	.003		105.25	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	382	1,897	141,849.03	74.78	.005		371.33	.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	4,114	9,141	97,497.06	10.67	.022		23.70	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	56	119	1,222.53	10.27	.000		21.83	.00
PROSTHETIST/ORTHOTISTS	209	533	54,405.64	102.07	.001		260.31	.13
PROSTHETICS	206	530	54,226.23	102.31	.001		263.23	.13
ORTHOTICS	3	3	179.41	59.80	.000		59.80	.00
PSYCHOLOGIST	35	132	6,985.48	52.92	.000		199.59	.02
SPEECH AND AUDIOLOGY	331	847	85,175.76	100.56	.002		257.33	.20
HOSPICE SERVICES	14	310	37,332.06	120.43	.001		2666.58	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	6,724	73,187	406,632.48	5.56	.175		60.47	.97
EPSDT SUPPLEMENTAL SERVICE	8	1,433	32,938.38	22.99	.003		4117.30	.08
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	5,021	1,657,769	331,308.47	.20	3.971		65.98	.79
@CALIF. CHILDREN SERVICES*	2,619	83,077	\$ 8,253,524.13	\$ 99.35	.199	\$	3151.40	\$ 19.77
@XOVER EXCLUDING STATE HOSP**	14,723	203,694	\$ 2,266,846.13	\$ 11.13	.488	\$	153.97	\$ 5.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.